



Plumbing/Irrigation Contractor Registration Expires Dec. 31, 20____

CITY OF GALVESTON PLUMBER REGISTRATION FORM

PROOF OF INSURANCE IS REQUIRED

Please Print

Company _____

Plumbing _____	State Lic. # _____	Expiration Date _____
Irrigation _____		

(Check One)

Address _____

City _____ State _____ ZIP _____

Contacts:

Name	Title	Phone #	Cellular #
	Owner/Master/Lic Holder		
	Owner		

Fee Paid \$ _____ Signature _____ Date _____

**Attach copy of Master
Plumbing License or
Irrigator License**

**Attach copy of Drivers
License**