



TOWN OF ADDISON
16801 WESTGROVE DR.
P.O. Box 9010
ADDISON, TX 75001
Phone: 972/450-2880

Required Documentation:

1. Copy of HVAC license.
2. Copy of drivers license.
3. Certificate of insurance.

Email: Registrations@addisontx.gov

**MECHANICAL CONTRACTOR
REGISTRATION APPLICATION**

No Charge

COMPANY NAME _____ **DATE** _____

COMPANY ADDRESS _____ **PHONE** _____

NUMBER _____ **STREET** _____

CITY _____ **STATE** _____ **ZIP** _____

CELL _____

EMAIL _____

OWNER OF COMPANY:

NAME _____

HOME ADDRESS _____

NUMBER _____ **STREET** _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____

THOSE IN THE BUSINESS WHO ARE AUTHORIZED TO SIGN FOR PERMITS:

_____	_____
_____	_____
_____	_____

PURSUANT TO THE REQUIREMENT OF THE TOWN OF ADDISON THAT ANY INDIVIDUAL, PERSON, FIRM OR CORPORATION, ENGAGING IN THE HEATING, VENTILATING AND AIR CONDITIONING BUSINESS EITHER SHALL BE A LICENSED AIR CONDITIONING CONTRACTOR OR HAVE IN CONTINUOUS EMPLOY A LICENSED AIR CONDITIONING CONTRACTOR, THE FOLLOWING PERSON SHALL SERVE AS AIR CONDITIONING CONTRACTOR AND SHALL BE DELEGATED FULL RESPONSIBILITY FOR THE SAFETY OF ALL WORK THAT MAY BE DONE ACCORDING TO THE INTERNATIONAL MECHANICAL CODE.

LICENSED AIR CONDITIONING CONTRACTOR _____

HOME ADDRESS _____

NUMBER _____ **STREET** _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **LICENSE NO.** _____

SIGNED _____

AUTHORIZED SIGNATURE

DATE PAID _____ **CHECK #** _____ **RECEIPT #** _____ **REGISTRATION #** _____

INVOICE # _____