



CITY OF DALLAS

WATER TREATMENT SPECIALISTS CONTRACTOR

NEW RENEWAL
Contractor # _____

Form must be completely filled out in order to be accepted for registration.

Original Registration: The License Holder must personally appear at 320 E. Jefferson Blvd. Room 105 Dallas 75203 and furnish (1) This original completed form, (2) The License Holder's current water treatment specialist pocket license, (3) The License Holder's approved photo identification, (4) Payment of \$120.00. Check made payable to "City of Dallas".

Renewal Registrations: May be processed in person by the license holder at any Building Inspection office, or online through the license holders Dallas contractor's webpage. License Holder shall furnish (1) All documents listed above are required on each registration renewal. (2) If not renewing in person, this document must be notarized. (3) Payment of \$120.00 as detailed above.

Please note: Water Treatment Specialist certificate of registration provided for in this Code, expires annually upon the expiration date of the State license. Pursuant to the City Code, application is hereby made for registration as a water treatment contractor.

All information must be complete (Do Not Use "Same").

Company Information

Date: ___/___/___ State License # _____ Expiration Date: ___/___/___

Contr. #: _____

Name of Company: _____

Company Address: _____

Number Street City State Zip

Mailing Address: _____

Number Street City State Zip

Phone Number: (_____) _____ Fax Number: (_____) _____

Licensed Water Treatment Specialist Information:

Name: _____ Home Phone#: (_____) _____

Home Address: _____

Number Street City State Zip

E-Mail Address: _____

If company is located within the city limits of Dallas, please provide the certificate of occupancy number.

C.O. # _____

Personnel authorized by the Licensed Water Treatment Specialist to sign permits on the behalf of the Licensed Water Treatment Specialist. Licensed Water Treatment Specialist shall be listed first. Please limit additional personnel.

Name (Limit to 4 digits or less) PIN #

1. Specialist _____
2. _____
3. _____
4. _____
5. _____

Responsible Irrigator is responsible for adding and removing authorized personnel to this list who are authorized to sign for permits.

By signing this application for registration, I am certifying that I am in full compliance with the Texas Commission on Environmental Quality (TCEQ) as a Water Treatment Specialist.

I do depose and say the above information is true and correct.

SIGNED X _____

Signature of Water Treatment Specialist

Registration Clerk/Notary Public _____

(Must Be Signed by Registration Clerk or Notarized)

Sworn to me before this _____ Day of _____ 20_____

Any changes or corrections to this information must be submitted on this same form and marked as amended. A \$30.00 record change fee will apply.