



City of Dallas

Development Services Department

320 E Jefferson Blvd, Dallas TX 75203

(214) 948-4480

NEW RENEWAL

Contractor # _____

WATER TREATMENT SPECIALIST CONTRACTOR (1 of 2)

Form must be completely filled out to be accepted for registration

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

Renewal Registrations: Renewals may be processed in person by the license holder at any Building Inspection office, or online through the License Holder's 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, expire annually upon the expiration date of the State license. Pursuant to the City Code, application is hereby made for registration as a Water Treatment Specialist 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 #: _____ Email: _____ Fax #: _____

If company is located within the city limits of Dallas provide one of the following:

C.O. # _____ Home Office Form on File Yes No

Licensed Water Treatment Specialist Information:

NAME: _____ HOME PHONE#: (____) _____

HOME ADDRESS: _____
Number Street City State Zip

E-Mail Address: _____
(Optional)



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WATER TREATMENT SPECIALIST CONTRACTOR (2 of 2)

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. _____

License Holder 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 THE ABOVE INFORMATION MUST BE SUBMITTED ON THIS SAME FORM AND MARKED AS SUCH. A RECORD CHANGE FEE OF \$30.00 SHALL APPLY