



CITY OF DALLAS
CITY OF DALLAS
FIRE ALARM CONTRACTOR
REGISTRATION

DATE: _____

NAME OF COMPANY: _____ ACR.#: _____

COMPANY ADDRESS: _____
Number Street City State Zip

MAILING ADDRESS: _____
Number Street City State Zip

PHONE NUMBER: _____ FAX _____

OWNER OR OFFICER OF THE COMPANY:
NAME _____ HOME PHONE# _____

HOME ADDRESS _____
Number Street City State Zip

PERSONNEL AUTHORIZED TO SIGN PERMITS

PLEASE LIMIT ADDITIONAL PERSONNEL. ALL INFORMATION MUST BE COMPLETE.

- | | Name | PIN or SS# |
|----|-------|------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Responsible Individual

Clerk's Signature

OFFICE USE ONLY

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

C.O. # _____ HOME OFFICE ON FILE YES NO

CONTR.#: _____