



PLUMBING, MED GAS, MRFSS or WSPS
CONTRACTOR REGISTRATION

NEW [ ] RENEWAL [ ]
Type:
PL [ ] MG [ ] MRFSS [ ] WSPS [ ]

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

Original Registration: The RMP must appear in person at 320 E. Jefferson Blvd. Room 210, Dallas 75203 and furnish (1) This original completed form, (2) The RMP'S current TSBPE RMP-Master Pocket license, (3) The RMP'S approved photo identification.

Renewal Registrations: Renewals may be processed in person by the license holder at any Building Inspection office, or online through the RMP's Dallas contractor's webpage. All documents listed required on the original registration shall be provided for each renewal. If not renewing in person, this document must be notarized.

To comply with provisions of the Plumbing License Law and Board Rules, the RMP's credentials/insurance will be verified on the TSBPE website.

Please note: All contractor certificates of registration expire when the state license or certificate of insurance expires. Pursuant to the City Code, application is hereby made for registration as a Plumbing, Medical Gas and Vacuum, Multipurpose Residential Fire Protection Sprinkler Specialist, or Water Supply Protection Specialist Contractor.

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

Company Information

Date: \_\_\_/\_\_\_/\_\_\_ State License# M \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Certificate of Insurance Expiration Date: \_\_\_/\_\_\_/\_\_\_ Contr. # \_\_\_\_\_

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Number Street City State Zip

Mailing Address: \_\_\_\_\_

Number Street City State Zip

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

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

C.O. # \_\_\_\_\_ Home Office Form on File \_\_\_ Yes \_\_\_ No

Responsible Master Plumber Information:

Name: \_\_\_\_\_ Home Phone#: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

Number Street City State Zip

Driver's License Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Personnel authorized by the Responsible Master Plumber to sign permits on the behalf of the Responsible Master Plumber. RMP Shall Be Listed First. Please limit additional personnel.

- Name (LIMIT TO 4 DIGITS OR LESS) PIN #
1. RMP
2.
3.
4.
5.

Responsible Master Plumber 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 State Board of Plumbing Examiners (TSBPE) Plumbing Licensing Law and Board Rules as a Responsible Master Plumber.

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

SIGNED X \_\_\_\_\_
Signature of Responsible Master Plumber

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