



# WATER TREATMENT SPECIALIST 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 in person at 320 E. Jefferson Blvd. Room 210, Dallas 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 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

### Licensed Water Treatment Specialist Information:

NAME: \_\_\_\_\_ HOME PHONE#: (\_\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Number Street City State Zip

E-Mail Address: \_\_\_\_\_

(Optional)

**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**