



INITIAL CONTRACTOR REGISTRATION FORM

NOTICE

The Master electrician (qualifying electrician) must appear in person at 320 E. Jefferson blvd. room #210, Dallas, Tx. 75203 with all the forms, letters, and insurance certificates in their POSSESSION.

Any Master electrician arriving without the required items in their POSSESSION will be denied registration as an electrical contractor.

DO NOT fax, mail, drop off, courier, or send by any other means any of the forms to us. The only acceptable procedure is for the master to appear in person with the required forms, letters, and insurance certificates in their POSSESSION.

Renewals require the renewal form only.

**For questions call Jeff McCabe @ 214-948-4472 or
Trey Knepps @214-948-4466.**

09/01/2017



ELECTRICAL AND ELECTRICAL SIGN CONTRACTORS INFORMATION AND REQUIREMENTS

THE CITY OF DALLAS AUTOMATED PERMITTING SYSTEMS AUTOMATICALLY READS THE CONTRACTOR REGISTRATION FILE AND WILL NOT ISSUE A PERMIT TO A CONTRACTOR THAT IS NOT REGISTERED, HAS AN EXPIRED REGISTRATION OR WHOSE INSURANCE HAS EXPIRED. **INCOMPLETE OR INCORRECT APPLICATIONS WILL BE RETURNED TO THE APPLICANT.** ALL MASTERS APPLYING FOR A CONTRACTOR REGISTRATION MUST APPEAR BEFORE THE CHIEF ELECTRICAL CODE ADMINISTRATOR BEFORE THEIR REGISTRATION CAN BE PROCESSED

A. APPLICATION FORMS:

1. CONTRACTOR APPLICATION OR RENEWAL FORM

- a. FILL OUT FORM COMPLETELY
- b. HAVE REQUIRED SIGNATURES NOTARIZED

B. REGISTRATION FEES: (complete registration requires contractor fee plus master fee):

	TWO YEAR REGISTRATION FEE
ELECTRICAL CONTRACTOR	\$160.00
ELECTRICAL SIGN CONTRACTOR	\$160.00
MASTER ELECTRICIAN	\$ 0.00
MASTER SIGN ELECTRICIAN	\$ 0.00

C. REQUIREMENTS:

1. MUST OWN AND HAVE READ: AVAILABLE AT: www.dallascityhall.com/building_inspections

- CHAPTER 52 ADMINISTRATIVE PROCEDURES FOR THE CONSTRUCTION CODE.

2. MUST OWN, READ AND COMPLY WITH:

- CHAPTER 56 DALLAS ELECTRICAL CODES SPECIFICALLY
- ___ **82.11(D)** Do not qualify other electrical or electrical sign companies WITHIN THE CITY OF DALLAS
 - ___ **82.11(E, 3)** Not employed full time by another firm, corporation or company
 - ___ **82.11(E, 2)** Able to supervise the daily operation of this electrical company
 - ___ **82.10(D, 3)** Have general liability insurance, \$300,000 combined single limit property damage and bodily injury

3. MUST SHOW PROOF OF BUSINESS LOCATION. PROOF SHOULD INCLUDE:

- A COPY OF CERTIFICATE OF OCCUPANCY

OR

A LETTER FROM A CITY MUNICIPALITY OF BUSINESS LOCATION INDICATING ACKNOWLEDGMENT OF YOUR OPERATION OF AN ELECTRICAL BUSINESS AT THE STATED ADDRESS PROVIDED ON THE APPLICATION.

OR

IF BUSINESS IS LOCATED OUTSIDE THE CORPORATE LIMITS OF A CITY, A PICTURE OF BUSINESS LOCATION SHOWING ADDRESS AND COMPANY NAME WILL BE REQUIRED.

OR

A COPY OF STATE OF TEXAS REGISTRATION CERTIFICATE SHOWING BUSINESS LOCATION ADDRESS AS STATED ON APPLICATION.

- #### 4. MUST HAVE GENERAL LIABILITY INSURANCE WITH COMBINED SINGLE LIMITS OF LIABILITY IN THE AMOUNTS OF NOT LESS THAN \$300,000.00 PER OCCURANCE FOR BODILY INJURY INCLUDING DEATH AND PROPERTY DAMAGE. MUST PROVIDE A CERTIFICATE OF INSURANCE INDICATING THE CITY OF DALLAS AS A CERTIFICATE HOLDER (SEE ATTACHMENT). THE COMPANY NAME AND SITE ADDRESS OF COMPANY OFFICE MUST BE INDICATED ON THE CERTIFICATE (SEE ATTACHMENT).

APPLICATION FOR REGISTRATION AND RENEWAL

CHECK APPROPRIATE BOXES:

- ELECTRICAL CONTRACTOR ELECTRICAL SIGN CONTRACTOR
- CHANGE OF MASTER COMPANY NAME CHANGE RENEWAL

PURSUANT TO THE CITY OF DALLAS ELECTRICAL CODE, APPLICATION IS HEREBY SUBMITTED FOR A CERTIFICATE OF REGISTRATION AS A CONTRACTOR.

CITY OF DALLAS CONTRACTOR REGISTRATION NUMBER _____
 NAME OF COMPANY _____
 COMPANY SITE ADDRESS _____ CITY _____
 STATE _____ ZIP CODE _____ PHONE (____) _____
 MAILING ADDRESS _____ CITY _____
 STATE _____ E-MAIL ADDRESS _____

QUALIFYING ELECTRICIAN _____
 HOME ADDRESS _____ CITY _____ STATE _____
 ZIP _____ HOME PHONE (____) _____ E-MAIL ADDRESS _____
 STATE OF TEXAS: MASTER # _____ CONTRACTOR # _____
 DALLAS HOME BASED MASTER # _____

LIST COMPANY PERSONNEL AUTHORIZED TO SIGN PERMIT APPLICATIONS; AT TIME OF REGISTRATION A PIN NUMBER MUST BE PROVIDED FOR EACH PERSONNEL-DO NOT WRITE PIN NUMBER ON THIS DOCUMENT

NAME	NAME	NAME	NAME
_____	_____	_____	_____
_____	_____	_____	_____

OFFICERS OF THE BUSINESS:

NAME _____ TITLE _____
 ADDRESS _____ CITY _____ ZIP _____ PHONE (____) _____
 NAME _____ TITLE _____
 ADDRESS _____ CITY _____ ZIP _____ PHONE (____) _____

I, THE UNDERSIGNED, HAVE A CURRENT COPY OF AND HAVE READ THE DALLAS ELECTRICAL CODE, (CHAPTER 56) AND ADMINISTRATIVE PROCEDURES FOR THE CONSTRUCTION CODE (CHAPTER 52) AND ACKNOWLEDGE THAT I AM TO SERVE AS THE RESPONSIBLE PARTY, AND I FURTHER AGREE THAT I WILL ADVISE THE BUILDING INSPECTION DEPARTMENT IMMEDIATELY IN WRITING SHOULD I CEASE TO SERVE AS SUCH.

AFFIDAVIT

I, _____(QUALIFYING ELECTRICIAN) OF THE CITY OF DALLAS, COUNTY OF DALLAS, STATE OF TEXAS BEING DULY SWORN, DO DEPOSE AND SAY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND FURTHER THIS DEPONENT SAYS NOT.

SIGNED _____(QUALIFYING ELECTRICIAN) DATE: _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, _____ A.D.
 _____ MY COMMISSION EXPIRES _____
 NOTARY PUBLIC IN AND FOR _____ COUNTY, STATE OF _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE AGENTS NAME AND ADDRESS	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER A:															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED REGISTERED NAME OF CONTRACTOR AND ADDRESS AS IT APPEARS ON CONTRACTORS REGISTRATION FORM, NO P.O. BOX ADDRESS															

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			SEE DESCRIPTION BELOW			EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
MUST HAVE A BEGINNING AND ENDING DATE.
REQUIREMENTS: AN INSURANCE POLICY WRITTEN BY A COMPANY LICENSED IN THE STATE OF TEXAS WITH COMBINED SINGLE LIMITS OF LIABILITY IN THE AMOUNTS OF NOT LESS THAN \$300,000 PER OCCURANCE FOR BODILY INJURY, INCLUDING DEATH AND PROPERTY DAMAGE

CERTIFICATE HOLDER

CANCELLATION

DEPARTMENT OF BUILDING INSPECTION
 CITY OF DALLAS ELECTRICAL REGISTRATION
 320 E. JEFFERSON BLVD 118
 DALLAS, TEXAS 75203

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE