



# CITY OF LAREDO

## Building Development Services Department Registration Application Electrical Contractor

Date \_\_\_\_\_

A. Business Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Owner Home Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_ Owner City, State & Zip: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Owner Telephone: \_\_\_\_\_  
Business Fax: \_\_\_\_\_ Business Email: \_\_\_\_\_

B. Officer, Agent or Employee authorized to apply for permits (Other Than Licensee)  
Name: \_\_\_\_\_ Company Address: \_\_\_\_\_  
Company Telephone: \_\_\_\_\_ Second Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Company Email: \_\_\_\_\_  
Emergency Name:(After hours) \_\_\_\_\_ Emergency Number: \_\_\_\_\_

C. Certificate of Liability Insurance Company: \_\_\_\_\_  
\*General Aggregate Coverage: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\*Excess/Umbrella Coverage: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*City Of Laredo As The Certificate Holder

I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT AND ANY MISREPRESENTATION OF FACTS WOULD  
RESULT IN TERMINATION OF APPLICATION.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Email application to: [bldgpermits@ci.laredo.tx.us](mailto:bldgpermits@ci.laredo.tx.us)**