



CITY OF LAREDO

BUILDING DEVELOPMENT SERVICES

DEPARTMENT

1413 Houston St., Laredo, Texas, 78040 • Phone: 956.794.1625 • Fax: 956.795.2998

General Contractor's Registration Form

Name of Business: _____

Address: _____

Mailing Address: _____

City: _____

Principal Office: _____

Phone # _____

E-Mail _____

Fax # _____

Tax I.D. _____

Corporation

Partnership

Individual

Joint Venture

Other

Name of Contact: _____

Phone #: _____

Cell #: _____

E-Mail: _____

1. Organization

How many years has your organization been in business as a Contractor? _____

How many years has your organization been in business under its present business name? _____

Under what other or former names has your organization operated?

If your organization is a corporation, answer the following:

Date of incorporation: _____

State of incorporation: _____

President's name: _____

Vice-president's name(s): _____

Secretary's name: _____

Treasurer's name: _____

If your organization is a partnership, answer the following:

Date of organization: _____

Type of partnership (if applicable): _____

Name(s) of general partner(s): _____

If your organization is individually owned, answer the following:

Date of organization: _____

Name of owner: _____

If the form of organization is other than those listed above, describe it and name the principals:

2. Licensing

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable. _____

List jurisdictions in which your organization's partnership or trade name is filled.

3. Experience

List the categories of work that your organization normally performs with its own forces.

List numbers of years of experience: _____

4. References

Trade References 1. _____
2. _____

Bank References 1. _____
2. _____

Insurances: General Liability: _____
Builders Risk: _____

Name and address of agent: _____

I certify that all information is correct and any misrepresentation will be grounds for cancellation of registration.

5. Signature _____ **Date:** _____

Print Name _____

Email application to: bldgpermits@ci.laredo.tx.us