



# Contractor Registration Application

City of El Paso – Planning and Inspections Department  
811 Texas Avenue El Paso, Texas 79901  
915-212-0104  
[osshelp@elpasotexas.gov](mailto:osshelp@elpasotexas.gov)

New

Renewal

LCCR - \_\_\_\_\_

## Contractor Registration Category

- General   
  Electrical   
  Mechanical   
  Plumbing   
  Irrigation   
  Barricade   
  Sign  
 Fire Systems   
  ENG (Pavement Cut)   
 Electrical Sign   
 Large Sign Installer

## Business/Company Information

Submit a copy of a DBA certificate or Articles of Incorporation and bylaws to verify signing authority and business name. All documents submitted to our office must contain the correct registered business name to include dashes, symbols, and spaces.

Sole Proprietor   
 Partnership   
 Corporation   
 LLC   
 Other: \_\_\_\_\_

Company/Business Name: \_\_\_\_\_

Principal Owner Name: \_\_\_\_\_ Operator or Manager Name: \_\_\_\_\_

Company/Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company/Business Phone Number: \_\_\_\_\_ Years company/business has been in operation: \_\_\_\_\_ years.

## Applicant information

Name of Company Operator/Manager: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

List the company/business names, addresses, and phone numbers of previous businesses used within the last five years: \_\_\_\_\_

## State License Information (if applicable)

(If applicable, enter information exactly as it appears on state license)

Electrical/Sign Contractor Master License # \_\_\_\_\_ State License # \_\_\_\_\_

Master License information for all other trades:

Name: \_\_\_\_\_ State License # \_\_\_\_\_

## Fiduciary Information (only applicable to general and pavement cut contractors):

As per Title 18 of the El Paso City Code, it shall be the duty of every general contractor, owner, firm, partnership, corporation, and builder, to have on file with the city, a building blanket construction bond in the sum of fifty thousand dollars (\$50,000), pavement cut contractors are required to submit ten thousand dollar bond (\$10,000). Additionally, all contractors required to be bonded shall also present evidence of the minimum general liability insurance requirement of one hundred thousand dollars (100,000) with the City of El Paso listed as the certificate holder. Please reference the contractor requirements form for full list of requirements.

## Acknowledgement

Date: \_\_\_\_\_

The information in this application and submittal documents is true and correct and further acknowledge the following:

1. That the company and the persons involved understand the duties to comply with the El Paso City Building Codes and the technical codes for each trade.
2. That this application must be filed annually to be eligible to obtain permits from the City of El Paso in accordance with Section 18.02.104.5 of the El Paso City Code.
3. That all permits issued are required to be finalized with a final inspection, certificate of completion or occupancy. Failure to finalize permits may result with a hold on my company and the denial of permits as per Section 18.02.105.25 of the El Paso City Code.

Principal Owner Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_



# Contractor Authorization Form

City of El Paso – Planning and Inspections Department  
811 Texas Avenue El Paso, Texas 79901  
915-212-0104  
[oss-help@elpasotexas.gov](mailto:oss-help@elpasotexas.gov)

Date: \_\_\_\_\_

## Business/Company Information

Company/Business Name: \_\_\_\_\_

Company/Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company/Business Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Authorized Representative Information

The following representatives are authorized, after verification of password and review of identification, to request and deliver permits, plans specifications, request inspections and any other documents pertaining to my company except for adding or removing authorized personnel:


I would like to delete the following names from the authorized list of personnel:


## Business/Company Password

Your password shall be a minimum of six alphanumeric characters. The password cannot contain special characters or spaces nor be case sensitive). To reset or for forgotten passwords, an email will be sent to the business/company email with the current password.

COMPANY PASSWORD: \_\_\_\_\_

Principal Owner Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_