

CONTRACTOR REGISTRATION FORM

NOTICE

The Master electrician (qualifying electrician) must appear in person at 320 E. Jefferson blvd. room #105, 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.

For questions call Larry Heckler @214-948-4466 or Jeff McCabe @ 214-948-4472.



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
2. QUALIFYING ELECTRICIAN INFORMATION SHEET

- a. FILL OUT EACH COMPLETELY
- b. HAVE REQUIRED SIGNATURES NOTORIZED

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	\$200.00
MASTER SIGN ELECTRICIAN	\$200.00

C. REQUIREMENTS:

1. MUST OWN AND HAVE READ:

- CHAPTER 52 ADMINISTRATIVE PROCEDURES FOR THE CONSTRUCTION CODE.

2. MUST OWN, READ AND COMPLY WITH:

- CHAPTER 56 DALLAS ELECTRICAL CODES SPECIFICALLY 82.7, 82.13, 82.14, 82.14.1, 82.14.2.
- a) Live within trade area of business address (50 miles)
 - b) Do not qualify other electrical or electrical sign companies
 - c) Not employed by another firm, corporation or company
 - d) Able to physically supervise the daily operation of this electrical company
 - e) 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).**
5. A CURRENT RECIPROCAL LETTER IS REQUIRED FOR RECIPROCATING MASTERS.

APPLICATION FOR

CHECK APPROPRIATE BOXES:

- ELECTRICAL CONTRACTOR ELECTRICAL SIGN CONTRACTOR
 CHANGE OF MASTER

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

NAME OF COMPANY _____
COMPANY SITE ADDRESS _____ CITY _____
STATE _____ ZIP CODE _____ PHONE (____) _____
MAILING ADDRESS _____ CITY _____
STATE _____ ZIP _____

QUALIFYING ELECTRICIAN _____
HOME ADDRESS _____ CITY _____ STATE _____
ZIP _____ HOME PHONE _____

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 SEVRE 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, THE FOLLOWING QUALIFYING ELECTRICIAN INFORMATION SHEET AND QUALIFYING ELECTRICAL QUESTIONNAIRE 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 _____

QUALIFYING ELECTRICIAN INFORMATION WORKSHEET

Full Name _____

Present Employer _____ How long employed? _____

Employers address _____ City _____

State _____ Zip code _____ Phone number _____

PREVIOUS EMPLOYMENT:

Firm name

PERIOD OF TIME EMPLOYED:

From

To

_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REFERENCES:

Name

Address

Phone number

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUALIFYING ELECTRICAL QUESTIONNAIRE

1) Qualified Master: Do you personally live within the trade area (50 miles) of your established place of Business?

Answer: YES () NO ()

2) Are you presently qualifying an electrical or electrical sign contracting company within the City of Dallas other than the company that you are planning to qualify at this time?

Answer: YES () NO ()

If you answered yes, what is the name of the company and where is it located?

3) Are you presently employed by another firm, corporation or company other than the electrical company you are qualifying at this time, that would prevent active supervision of daily operations?

Answer: YES () NO ()

If you answered yes, what is the name and address of your present employer?

5) Do you have general liability insurance (\$300,000.00 combined single limit property damage and bodily Injury)?

Answer: YES () NO ()

6) Do you have a Certificate of Occupancy or other proof of business location for your current business as listed on your application?

Answer: YES () NO ()

Commercial Certificate of Insurance

Agency Name & Address: **INSURANCE AGENTS NAME AND ADDRESS**

Issue Date (MM/DD/YY)

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

Insured Name & Address: **REGISTERED NAME OF CONTRACTOR AND ADDRESS. NOTE: ADDRESS MUST BE YOUR REGISTERED SITE ADDRESS, NO HOME OR PO BOX**

Companies Providing Coverage:
INSURANCE COMPANY NAME
 Company A
 Letter
 Company B
 Letter
 Company C
 Letter
 Company D
 Letter

Coverages

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.

Co. Lt.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits
	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.		MUST HAVE A BEGINNING DATE AND AN ENDING DATE		General Aggregate Products-Comp/OPS Aggregate Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)
	Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability		REQUIREMENTS: AN INSURANCE POLICY WRITTEN BY A COMPANY LICENSED IN THE STATE OF TEXAS		Combined Single Limit Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage Garage Aggregate
	Umbrella Liability		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		Limit
	Workers' Compensation and Employers' Liability				Statutory Each Accident Disease - Each Employee Disease - Policy Limit

Description of Operations/Vehicles/Restrictions/Special Items:

Certificate Holder

Name & Address:
 • Dept. of Building Inspection
 • City Of Dallas
 • Electrical Registration
 • 320 E. Jefferson Blvd. 118
 Dallas, Tx. 75203

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative