

# City of Dumas

## Application for Contractors License

Fax 806-935-6104  
Phone 806-935-4101

### Contractor License #

### Date:

Last Name	First Name	Middle Initial
Address	City, State, Zip	Phone# (Home)
Company Name	Owner	
Address	City, State, Zip	Business Phone #
		Cell Phone#
Type of Contractor and License # <input type="checkbox"/> Electricial <input type="checkbox"/> Builder <input type="checkbox"/> Irrigator <input type="checkbox"/> Mechanical <input type="checkbox"/> Roofers		
\$ 1,000.00 Surety Bond <input type="checkbox"/> Yes <input type="checkbox"/> No   Date Bond Expires:		

Your signature below certifies that you are licensed as stated above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Approved by City Inspector  Yes    No