



## DECATUR FIRE DEPARTMENT

1705 S. State St, Decatur, TX 76234

Ofc 940-393-0230 Fax 940-627-6014

Email: [sgomez@decaturfd.com](mailto:sgomez@decaturfd.com)

# CONTRACTOR REGISTRATION

### CONTRACTOR CLASSIFICATION - Check each discipline that applies

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fire Sprinkler System         | <input type="checkbox"/> UG & AG Storage Tanks      | <input type="checkbox"/> Backflow Testing |
| <input type="checkbox"/> Fire Alarm & Detection System | <input type="checkbox"/> LP Gas Systems             | <input type="checkbox"/> Pyrotechnics     |
| <input type="checkbox"/> Fixed Fire Suppression System | <input type="checkbox"/> Compressed Gas/CO2         | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Underground Fire Line         | <input type="checkbox"/> Access Control Gates/Doors |   |

Registration Type:  New  Renewal

**CONTRACTOR INFORMATION:** *(License Holder is the person who holds the State License. This person will be held responsible for seeing that all work being performed follows the State codes, City codes and ordinances.)*

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip Code

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

State License Holder: \_\_\_\_\_  
First Middle Last

State License Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Email(required): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### CONTRACTOR REQUIREMENTS:

Contractors must provide the following documents to register with the Decatur Fire Department.

1. State License for Company, RME, Principal, Engineer
2. Driver's License of State License Holder, Owner
3. Certificate of General Liability
4. Gauge Calibration (required for Backflow Prevention Assembly Testers only)
5. Any supporting documentation pertaining to trade.

### PERSONNEL AUTHORIZED TO OBTAIN A PERMIT UNDER THIS REGISTRATION:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I understand that my registration will be valid for one (1) year from date of License Renewal and that my registration may be cancelled/revoked if I do not keep my state license (when required), certificate of insurance, and all other required documents current with the Decatur Fire Department.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

OFFICE USE ONLY			
			Expiration Date: