

CITY OF PASADENA
 PERMIT/INSPECTION DEPARTMENT
 MECHANICAL SECTION
 1114 Davis Street
 PASADENA, TEXAS 77502
 (713)-475-5575 FAX (713)-475-7841

STATE AIR CONDITIONING LICENSE REGISTRATION & UPDATE FORM

PLEASE PRINT OR TYPE LICENSE INFORMATION

PREFIX:	LICENSE NO.	LICENSE CLASS:
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LICENSEE INFORMATION

NAME:		DRIVERS LIC#:
HOME ADDRESS:		PHONE#:
CITY:	STATE:	ZIP CODE:

BUSINESS INFORMATION (MUST BE SAME AS BUSINESS AFFILIATION ON STATE LICENSE)

COMPANY NAME:		BUSINESS PHONE:	
MAILING ADDRESS:		FAX #:	
CITY:	STATE:	ZIP CODE:	YOUR POSITION: <input type="checkbox"/> OWNER <input type="checkbox"/> LICENSE HOLDER
PHYSICAL ADDRESS:			
CITY:	STATE:	ZIP CODE:	EMERGENCY PHONE #: CELL PHONE #:
E-MAIL ADDRESS:			

LIST ALL PERSONS AUTHORIZED TO PURCHASE PERMITS WITH YOUR LICENSE

1.	4.
2.	5.
3.	6.

LIST ALL PERSONS YOU WISH TO REMOVE FROM YOUR AUTHORIZED SIGNATURE LIST

1.	3.
2.	4.

LICENSE HOLDER'S SIGNATURE

DATE

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Subscribed and sworn to before me on this _____ day of _____, 20_____.

 NOTARY PUBLIC

****REQUIRED TO BE ON FILE COPY OF: STATE LICENSE, DRIVER'S LICENSE, AND GENERAL LIABILITY INSURANCE.**

****REQUIRED ON INSURANCE FORM: STATE NAME AND LICENSE NUMBER**

OFFICE USE ONLY

DATA ENTRY BY:	DATE:
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