

**CITY OF DALLAS
FIRE SPRINKLER CONTRACTOR
REGISTRATION**

DATE: _____

NAME OF COMPANY: _____ SCR # _____

COMPANY ADDRESS:

Number & Street	City	State	Zip
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MAILING ADDRESS (if different than above):

Number & Street	City	State	Zip
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PHONE NUMBER: _____ FAX _____

EMAIL ADDRESS: _____

**PERSONNEL AUTHORIZED TO SIGN PERMITS.
PLEASE LIMIT ADDITIONAL PERSONNEL. ALL INFORMATION MUST BE COMPLETE.**

Name	4-digit PIN (we will no longer accept your social security number, but you may use the last 4-digits if you wish)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I DO DEPOSE AND SAY THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Responsible Individual

OFFICE USE ONLY

CONTR.#: _____