



**KRUM FIRE DEPARTMENT
LICENSED CONTRACTOR ANNUAL REGISTRATION FORM**

All contractors designing, installing, maintaining, and inspecting any fire alarm systems, fire sprinkler systems, extinguishing devices, and any other fire protection systems or associated components must be registered and licensed.

SUPPRESSION SYSTEM [] ALARM SYSTEM [] FUEL SYSTEM [] HOOD SYSTEM [] Other
EXTINGUISHING DEVICES [] MISCELLANEOUS []

BUSINESS NAME: _____

OWNER/OFFICER of the COMPANY*: _____ TITLE: _____

*(Officer of the company – i.e. President, Vice President, CEO. This person and/or the license holder will be responsible for seeing that all work being performed under this registration is completed and in conformance with the City of Krum’s adopted codes and ordinances.)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS (if different): _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE # (_____) _____ FAX # (_____) _____

CELL PHONE # (_____) _____ E-MAIL ADDRESS: _____

Personnel authorized to obtain a permit under this business name: (use company letterhead for additional name(s):

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

ORIGINAL Signature of License Holder** Printed Name of License Holder

License Holder: Attach a copy of your current driver’s license and current professional license issued by the State of Texas.

** This form must be notarized if any person is registering for you or if you are registering by mail. Registration is valid for the calendar year you are registering in unless you are registering in December, in which case, your registration will carry over to the following calendar year. No renewal notice will be sent.

Completed application and fees need to be returned to City Hall or mailed to PO BOX 217 Krum, TX 76249

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CONTRACTOR REGISTRATION PERMIT #2022-04-02
REGISTRATION FEE-\$50.00

FOR OFFICE USE ONLY

Date Submitted: _____ FD Permit No: _____

Total Permit Fee Due \$ _____ Paid By: [] Cash [] Check & Check # _____ [] Money Order []

Received By: _____ Receipt No: _____