



**CITY OF PORT ARANSAS**  
 710 W. AVENUE A  
 PORT ARANSAS, TEXAS 78373-4128  
 361-749-4111  
 FAX 361-749-4723  
[www.cityofportaransas.org](http://www.cityofportaransas.org)

6/09

**Mechanical Contractor License Application**

**\$100.00 Fee**

Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

***Please Print***

\_\_\_\_\_  
 First Name Middle Name Last Name

\_\_\_\_\_  
 Resident Address City State Zip

\_\_\_\_\_  
 Company Name Address City State Zip

\_\_\_\_\_  
 DOB: Month/Day/Year Sex Color Eyes Color Hair Height Weight

AC & Refrigeration Contractor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Application for the 20 \_\_\_\_ calendar year. Date of Expiration: \_\_\_\_\_

Application received by: \_\_\_\_\_ Date: \_\_\_\_\_

**You must have Certificate of Liability Insurance showing the City of Port Aransas as the Certificate Holder OR a \$5,000.00 minimum Surety Bond.**