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**Business Registration Agent Form -
Adding and Removing Agents**



This form may only be completed by the owner (registrant) of the registered contractor in order to add or remove agents. The **registrant** is the individual on file with the City of Arlington as the responsible party for the contractor. The authorized **agent** will be able to apply for permits, check the status of permit applications, request and cancel inspections, check inspection results and pay fees.

This form must be completed and submitted any time an agent is added or removed.

Please type or print agent name (First Name, Middle Initial, Last Name):

- Add Remove: _____
- Add Remove: _____
- Add Remove: _____
- Add Remove: _____
- Add Remove: _____
- Add Remove: _____
- Add Remove: _____
- Add Remove: _____

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the City of Arlington government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

I certify that all information provided is true and correct as of the date of this statement, that I have not knowingly withheld disclosure of any information requested; and that supplemental statements will be promptly submitted to the City of Arlington, Texas, as changes occur.

Registered Contractor's Business Name: _____

Owner's (Registrant of Record) Name: _____

Signature of Owner (Registrant)



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Business Registration
"People" Record



Each person making application for a permit or business employee that represents the company as an agent must complete this form.

Please type or clearly print all information:

Last Name: _____ **First Name:** _____ **MI:** _____

Home Street Address or PO Box: _____

City, State, Zip Code: _____

Cell Phone Number: (_____) _____ **Email:** _____

Name of business or organization (optional): _____

People type (circle only one):

Applicant, Owner, Engineer, Architect, Surveyor, Designer, Agent, General Contractor,
Sign Contractor, Electrical Contractor, Business Owner, Plumbing Contractor,
New Home Builder/Remodeler, HVAC Mechanical Contractor, Mechanical Contractor,
Irrigation Contractor, LP Gas Contractor, Maintenance Contractor,
Home Owner Registration, Fence Contractor, Swimming Pool Contractor,
House Move Contractor, Concrete Contractor, Fire Alarm Contractor,
Fire Sprinkler Contractor, Fire Extinguisher Contractor, Pyrotechnic Contractor,
UST Contractor