



301 16<sup>th</sup> Street  
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**MASTER ELECTRICIAN REGISTRATION**

ITEMS TO BE INCLUDED WITH THIS  
REGISTRATION:

1. A COPY OF YOUR RENEWED STATE LICENSES.
2. A COPY OF YOUR STATE REQUIRED MINIMUM LIABILITY INSURANCE.

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

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
PO Box or Street City Zip

Registrant's Name: \_\_\_\_\_

Master License Number: \_\_\_\_\_

Electrical Contractor Number: \_\_\_\_\_

PHONE NUMBERS: OFFICE \_\_\_\_\_

MOBILE \_\_\_\_\_

CO. FAX \_\_\_\_\_

EMAIL: \_\_\_\_\_

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OFFICIAL USE ONLY

REGISTRATION SUBMITTED \_\_\_\_\_

REGISTRATION EXPIRES \_\_\_\_\_

BL NUMBER \_\_\_\_\_