



CITY OF SEGUIN

MECHANICAL IDENTIFICATION LICENSE APPLICATION

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Name: _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Driver's License #: _____

Business Telephone: _____ Residence Telephone: _____

This license is only valid when under employment of a state licensed mechanical contractor. If you are no longer working under a state licensed mechanical contractor, you will be unable to renew this license. Please notify this office of any change in address or phone number. You will have 30 days from expiration date on your license to renew or your license will be cancelled.

Signature of Applicant: _____

Printed Name: _____

Signature of Mechanical Contractor: _____