

Annual Business Registration Form

The annual expiration date of this business registration will coincide with the annual expiration date of the registration held by the person filing this on behalf of the business.

Please check one:

- Architectural Firm Landscape Architectural Firm Interior Design Firm

Business contact information

Business Name:

Assumed Names and/or dba:

Street Address:

City, State Zip:

Mailing Address:

City, State Zip:

Telephone Number:

Fax Number:

Email Address:

Web Address:

Architect, Landscape Architect, Interior Designer or Principal filing on behalf of the business association or firm listed above that offers or provides architectural, landscape architectural or interior design services in Texas:

Name of Architect, Landscape Architect, Interior Designer or Principal:

Registration Number:

Signature:

If this is a business association between an architect, landscape architect, or interior designer and a nonregistrant or an architectural, landscape architectural or interior design firm and a nonregistrant to jointly provide architectural, landscape architectural or interior design services, please indicate the date upon which the required agreement of association was signed:

If Business Entity maintains more than one office in Texas, list full address for each location

Location 2:

Street Address:

City, State Zip

Mailing Address:

City, State Zip

Location 3:

Street Address:

City, State Zip

Mailing Address:

City, State Zip

Location 4:

Street Address:

City, State Zip

Mailing Address:

City, State Zip