



## **CONTRACTOR REGISTRATION FORM**

COMPANY NAME: \_\_\_\_\_  
COMPANY ADDRESS: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
BUSINESS PHONE #: \_\_\_\_\_ EXT: \_\_\_\_\_ OTHER: \_\_\_\_\_  
COMPANY EMAIL: \_\_\_\_\_  
QUALIFIERS NAME: \_\_\_\_\_  
STATE REGISTRATION #: \_\_\_\_\_  
BROWARD COUNTY COMPETENCY #: \_\_\_\_\_  
STATE CERTIFICATE OF COMPETENCY #: \_\_\_\_\_

## **LIABILITY INSURANCE INFORMATION**

INSURANCE CARRIER NAME: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

## **WORKMANS COMPENSATION INSURANCE**

INSURANCE CARRIER NAME: \_\_\_\_\_  
POLICY NUMBER: \_\_\_\_\_  
EFFECTIVE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

X \_\_\_\_\_ DATE: \_\_\_\_\_

QUALIFIERS SIGNATURE

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Personally known \_\_\_\_\_ Produced Identification \_\_\_\_\_

Type of Identification provided \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary / Seal

**\*\*\* ALL OF THE ABOVE INFORMATION IS REQUIRED \*\*\***



## **CONTRACTOR REGISTRATION REQUIREMENTS**

- STATE LICENSE OR BROWARD COUNTY CENTRAL BOARD OF EXAMINERS AND STATE REGISTRATION
- COUNTY BUSINESS TAX RECEIPT IN THE COUNTY THE BUSINESS IS LOCATED
- WORKMANS COMPENSATION INSURANCE CERTIFICATE OR STATE EXEMPTION
- GENERAL LIABILITY INSURANCE CERTIFICATE
- COPY OF QUALIFIERS STATE DRIVERS LICENSE
- **CERTIFICATES OF INSURANCE ARE TO LIST THE TOWN OF LAUDERDALE BY THE SEA AS THE CERTIFICATE HOLDER. ADDRESS: 4501 N. OCEAN DRIVE, LAUDERDALE BY THE SEA, FL 33308**

**ALL DOCUMENTS SHALL BE CURRENT AND LEGIBLE. ANY MISSING DOCUMENTATION MAY DELAY THE REGISTRATION / PERMITTING PROCESS.**

**ALL INFORMATION SHALL BE UPDATED ANNUALLY AND UPON EXPIRATION OF LICENSE AND INSURANCE POLICIES.**