

**CONTRACTOR REGISTRATION  
REQUIREMENTS FOR CITY OF FLORIDA CITY**

**NO PERMITS WILL BE ISSUED WITHOUT CURRENT REGISTRATION**

**STATE CERTIFIED CONTRACTORS**

- A. Legible color copy of the Qualifier's Driver License
- B. Current State license
- C. Current Local Business Tax Receipt (LBT)
- D. Current Certificate of Liability Insurance (Certificate holder made out to: City Florida City 404 W. Palm Drive Florida City, FL 33034)
- E. Current Certificate of Workmen's of Compensation Insurance or Exemption Certificate. (If Exempt, provide certificates for all 3 officers that are exempt).
- F. Complete Page 2

**Note: P.O. Boxes will not be accepted as a business address**

---

**OR**

2. **MIAMI-DADE COUNTY CONTRACTORS**

- A. Legible **color** copy of the Qualifier's Driver License
- B. Current Miami-Dade County Municipal Contractor License (MC)
- C. Current Local Business Tax Receipt (LBT)
- D. Current Miami-Dade County Certificate of Competency (CTQB)
- E. Current Certificate of Liability Insurance (Certificate holder made out to: City of Florida City 404 W. Palm Drive Florida City, FL 33034)
- F. Current Certificate of Workmen's Compensation Insurance or Exemption Certificate.
- G. Current registration with DBPR (State Registration)
- H. Complete Page 2

**Note: P.O. Boxes will not be accepted as a business address**

---

Insurance requirements per the State of Florida for Building and other categories:  
General and Building Contractors: (Minimum) \$300,000 Bodily Injury and \$50,000 Property Damage.  
All other Categories: (Minimum) \$100,000 Bodily Injury and \$25,000 Property Damage

**Return completed page 2 and all required documents to the Building Department - 404 West Palm Drive Bldg # 3 Florida City, FL 33034 .**

**Incomplete registration forms will not be processed. You may call the Building Department to check the status 2 business days after submittal. All documents must be legible for us to process the registration. When the registration is complete, we will contact the Qualifier to issue him/her a Personal Identification Number (PIN). The PIN will be needed to request an inspection and will only be given to the Qualifier.**

**Scan or attach a legible COLOR copy of Qualifier's Drivers License above this line**

**All information must be legibly printed or typed with the exception of the Qualifier's signature**

**The Qualifier's Signature Must Be Notarized**

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last 4 digits of Qualifier's Social Security Number: \_\_\_\_\_

Business Phone Number: ( ) \_\_\_\_\_

Business Fax Number: ( ) \_\_\_\_\_

Qualifier's Cell Phone Number: ( ) \_\_\_\_\_

Are permits restricted to qualifier pick-up only? Y \_\_\_ N \_\_\_ and/or courier pick-up only? Y \_\_\_ N \_\_\_

Are inspections restricted to qualifier request only? Y \_\_\_ N \_\_\_ and/or courier request only? Y \_\_\_ N \_\_\_

Email Address: \_\_\_\_\_

Courier's Name: \_\_\_\_\_

Qualifier's Signature: \_\_\_\_\_

**Print Name**

**Print Name**

**This foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,**

**by \_\_\_\_\_**

**(Seal)**

**Notary Signature**

**Personally known to me \_\_\_\_\_ or Produced Identification \_\_\_\_\_ Type of Identification \_\_\_\_\_**