



SHEILA N. ROSE
DEPARTMENT DIRECTOR

CONTRACTOR REGISTRATION FORM

Company Name _____

Qualifier Name _____

Company Address _____

City, State, Zip _____

Company Phone _____

Company Fax _____

Registration Fee \$25.00

Copies of items below required for registration:

- 1 Florida State Certification
OR
Broward County Certification with
Broward County Occupational License
- 2 Proof of Liability Insurance
- 3 Proof of Worker's Compensation Insurance
OR
Proof of Worker's Compensation Exemption
- 4 Qualifier's State Driver's License

For Office Use Only: Code 191

Contractor ID# _____