



CONTRACTOR REQUIREMENTS

- COMPLETE ATTACHED CONTRACTOR'S REGISTRATION FORM

- WE REQUIRE THE FOLLOWING DOCUMENTS FOR REGISTRATION:
 1. STATE LICENSE AND/OR CERTIFICATE OF COMPETENCY W/ STATE REGISTRATION
 2. WORKMAN'S COMPENSATION INSURANCE
 3. GENERAL LIABILITY INSURANCE
 4. COUNTY OCCUPATIONAL LICENSE

- WHEN SUBMITTING PROOF OF GENERAL LIABILITY, PLEASE BE SURE THE CERTIFICATE NAMES THE CITY OF SUNRISE, 1607 NW 136TH AVENUE, BUILDING B, SUNRISE, FL 33323

- PROVIDE A COPY OF THE QUALIFIER'S DRIVER LICENSE

- WE REQUIRE AN ANNUAL \$4.00 CONTRACTOR REGISTRATION FEE TO MAINTAIN LICENSE AND INSURANCE INFORMATION. THIS FEE WILL BE CHARGED ON THE FIRST PERMIT ISSUED TO YOU EACH YEAR OR AT THE TIME OF REGISTRATION.

ALL REQUESTED DOCUMENTS MUST BE CURRENT AND LEGIBLE. ANY MISSING INFORMATION WILL DELAY REGISTRATION / PERMITTING.



Community Development - Building Division
1607 NW 136 Ave., Bldg. B · Sunrise, FL 33323 · P: 954.572.2354 F: 954.572.2357

CONTRACTOR'S REGISTRATION FORM

Please provide the information below pertaining to your contractor's license. You may provide this information in person, by mail or by fax (954-572-2357).

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ ext: _____ HOME PHONE _____

MOBILE / BEEPER _____ FAX NO _____

COMPANY EMAIL FOR PERMIT STATUS NOTIFICATION _____

QUALIFIER'S NAME _____

STATE CERTIFIED LICENSE NO _____

STATE REGISTRATION NO _____

BROWARD COUNTY CERTIFICATE NO _____

WORKER'S COMP INSURANCE NO _____

GENERAL LIABILITY INSURANCE NO _____

INSURANCE CO NAME _____ EXP DATE _____

NAME & PHONE NUMBER OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME _____ PHONE NO _____

*** THE ABOVE INFORMATION IS MANDATORY ***