



CONTRACTOR REGISTRATION

100 West Dania Beach Boulevard * Dania Beach, FL 33004
(954)924-6805*3651,3633 or 3652 Fax (954)922-2687

PLEASE PRINT LEGIBLY

Type of Contractor _____

Company: Name _____

Office Address _____

City/State/Zip _____

Office Phone # _____

Qualifier: Name _____

Office Address _____

City /State/Zip _____

Home Phone # _____

Owner: Name _____

Office Address _____

City/State/Zip _____

Home Phone # _____

PROVIDE PHOTOCOPIES OF THE FOLLOWING DOCUMENTS

Qualifier's Driver's License _____ State: _____

City Business Tax License _____ City: _____

County Business Tax License County: _____

State License _____

Certificate of Competency _____

Certificates of Insurance must show the City of Dania Beach as the Certificate Holder

General Liability Expiration Date: _____

Workers Compensation Expiration Date: _____

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Qualifier's Signature

Date

The foregoing instrument was acknowledged before me this _____ day of

_____ 20 __

By _____ who is personally known to me or has produced
_____ as identification and did (or did not) take an oath

_____ My Commission Expires: