



# BUILDING DEPARTMENT CONTRACTOR REGISTRATION FORM

✓ **If you are a State of Florida Contractor complete this section:**

I hereby acknowledge that I, \_\_\_\_\_ (Name of Qualifier), am the  
Qualifier for \_\_\_\_\_

(Name of Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(E-mail)

Attached please find copies of my State License, QB License (if applicable), Liability Insurance (City of Doral as certificate holder), Workman's Compensation or exemption (City of Doral as certificate holder), Business Occupational License and Driver's License.

✓ **If you are a Miami-Dade County Contractor complete this section:**

I hereby acknowledge that I, \_\_\_\_\_ (Name of Qualifier), am the  
Qualifier for \_\_\_\_\_

(Name of Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(E-mail)

Attached please find copies of my County Certificate of Competency, State Registration, Liability Insurance (City of Doral as certificate holder), Workman's Compensation or exemption (City of Doral as certificate holder), County Business Occupational License, City of Doral Business Occupational License, and Driver's License.

✓ **I authorize the following individual(s) to pickup plans and permit documents on my behalf:**

Name of Individual

Driver's License Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**I DO NOT** authorize anyone.

**X**

\_\_\_\_\_  
Signature of Qualifier

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

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

by (Print Name): \_\_\_\_\_

Notary Name \_\_\_\_\_

Personally known  or I.D. \_\_\_\_\_