



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. _____

Contractor Registration Form (BRC001)

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