



## Contractor Registration Requirements

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Development Services - **Building Division**

Revision: **1.0**

I.D. Number: **001.0**

Revision Date: 6/27/19

Print Date: 6/27/19

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- Complete Contractor's Registration Form (Page 2)
  
- All Following Documents Are Required For Registration:
  - State License and/or Certificate Of Competency
  - Workman's Compensation
  - General Liability Insurance
  - Business Tax Receipt

When Submitting Proof Of General Liability And Workman's Compensation Please Be Sure The Certificate Holder Reads As Follows:

**The City Of Coral Springs**  
**9500 West Sample Road**  
**Coral Springs, Florida 33065**



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### Contractors - ALL Fields Are Required To Register

Please Provide Information Via Fax, E-Mail, Mail Or At The Front Counter.

**FAX:** 954-344-5948 | **EMAIL:** [Buildingpermits@coralsprings.org](mailto:Buildingpermits@coralsprings.org)

**Address:** City of Coral Springs, Attn: Building Department, 9500 West Sample Road, Coral Springs, Florida 33065

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_

State Certificate Number: \_\_\_\_\_

County Certificate Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Classification: \_\_\_\_\_

Worker's Comp. Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

General Liability Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

To Be Contacted In Case Of Emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_