



## CONTRACTOR REGISTRATION REQUIREMENTS

- COMPLETE ATTACHED CONTRACTOR'S REGISTRATION FORM
  
- 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**



## Contractors

Please provide information via fax, mail, e-mail or at the front counter.

[buildingpermits@coralsprings.org](mailto:buildingpermits@coralsprings.org)

★COMPANY NAME: \_\_\_\_\_

★STREET ADDRESS: \_\_\_\_\_

★CITY/STATE/ZIP: \_\_\_\_\_

★BUSINESS PHONE: \_\_\_\_\_ ★HOME PHONE: \_\_\_\_\_

★CELLULAR PHONE: \_\_\_\_\_ FAX NO: \_\_\_\_\_

★E-MAIL ADDRESS: \_\_\_\_\_

★QUALIFIER'S NAME: \_\_\_\_\_  
(LAST) (FIRST) (MI)

★STATE CERTIFICATE NUMBER: \_\_\_\_\_

★COUNTY CERTIFICATE NUMBER: \_\_\_\_\_

★EXPIRATION DATE: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

★WORKER'S COMPENSATION INSURANCE NUMBER: \_\_\_\_\_

★EXPIRATION DATE: \_\_\_\_\_

★GENERAL LIABILITY INSURANCE NUMBER: \_\_\_\_\_

★EXPIRATION DATE: \_\_\_\_\_

★INSURANCE COMPANY NAME: \_\_\_\_\_

NAME & TELEPHONE NUMBER OF PERSON (S) TO BE CONTACTED IN CASE OF EMERGENCY:

\_\_\_\_\_  
(LAST) (FIRST) (PHONE)

★Required to Register★