



## CONTRACTOR REGISTRATION REQUIREMENTS

- A. Copy of State License With Signature And/or Broward County Certificate Of Competency With Signature.
- B. Copy Of Qualifier's Driver's License
- C. Workers Compensation Insurance with The City Of Tamarac as the Certificate Holder  
- OR -  
State of Florida Certificate of Exemption
- D. General Liability Insurance with the City Of Tamarac as the Certificate Holder.  
The address on the certificate should reflect:  
  
Tamarac Building Department  
6011 Nob Hill Rd  
Tamarac, FL 33321
- E. Completed City Of Tamarac New Contractor Form.

### **COPY BUSINESS TAX RECEIPT (formerly Occ. License) FOR CONTRACTOR YOU ARE REGISTERING AND THE MUNICIPALITY WHERE THE BUSINESS IS LOCATED**

- **The completed form may be emailed to [permit@tamarac.org](mailto:permit@tamarac.org) along with the required paperwork so that we may register the contractor**

*"Committed to Excellence...Always."*



## CONTRACTOR REGISTRATION/ANNUAL MAINTENANCE FORM

Date: \_\_\_\_\_

Please complete this form to help us keep your file up-to-date. Be sure to notify us with your most current licenses and insurances.

Qualifier's Name

License #

Home Address:

City:

State:

Zip:

Phone:

Company Name:

Business Address:

City:

State:

Zip:

Phone:

E-mail address:

Fax:

Qualifier's Signature: \_\_\_\_\_

- **The completed form may be emailed to [permit@tamarac.org](mailto:permit@tamarac.org) along with the required paperwork so that we may register the contractor**



STATE OF FLORIDA  
COUNTY OF BROWARD

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the  
the undersigned Notary Public of the State of Florida, personally appeared

\_\_\_\_\_  
Name(s) of individual(s) who appeared before notary)

And whose name(s) is/are subscribed to the within instrument, and he/she/they  
acknowledge that he/she/they executed it.

WITNESS my hand and official seal: \_\_\_\_\_

NOTARY PUBLIC SEAL OF OFFICE:



\_\_\_\_\_  
Notary Public, State of Florida

( ) Personally known to me, or

( ) Produced Identification \_\_\_\_\_  
Type of Identification Produced

( ) Did take an oath, or ( ) DID NOT take an oath.

**FOR BUILDING DEPARTMENT USE ONLY**

New  Renewal  Copy of D/L

INITIALS  
\_\_\_\_\_  
\_\_\_\_\_

Verify:  License  Occ. Lic.  Gen. Liability  Workers Comp.