



Building Department

1607 NW 136 Ave., Bldg. B Sunrise, FL 33323 P: 954.572.2292 P: 954.572.2353

CONTRACTOR'S REGISTRATION FORM

Please provide the information below pertaining to your contractor's license. You may provide this information in person, by mail or by fax (954-572-2357).

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ ext: _____ HOME PHONE _____

MOBILE / BEEPER _____ FAX NO _____

EMAIL FOR PERMIT STATUS NOTIFICATION _____

QUALIFIER'S NAME _____

STATE CERTIFIED LICENSE NO _____

STATE REGISTRATION NO _____

COUNTY CERTIFICATE NO _____

WORKER'S COMP INSURANCE NO _____

GENERAL LIABILITY INSURANCE NO _____

INSURANCE CO NAME _____ EXP DATE _____

NAME & PHONE NUMBER OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME _____ PHONE NO _____

*** THE ABOVE INFORMATION IS MANDATORY ***