



Community Development
Building Department
 506 W Berckman Street
 Fruitland Park, FL 34731
<https://www.fruitlandpark.org/>



Phone: (352) 360-6727 **Fax:** (352) 360-6652
Email: permits@fruitlandpark.org

Send form and documents to the email above

**CONTRACTORS REGISTRATION
 FORM**

License Holder Name	Company Name	
Mailing Address	Business Phone #	Cell Phone #
City	State	Zip Code
State Certified Number	Business Fax #	
Primary Contact Email Address	Driver's License Number - Qualifier	
	Federal Identification Number	

Please submit the following:

1. Copy of State License
2. Copy of Qualifier's Drivers License

CERTIFICATES OF INSURANCE:

- Must be emailed, mailed, or faxed directly from the insurance company and must be valid in Florida.
- Insurance Certificates and Workers Compensation Exemption Forms must appear in the *exact* name as your DBPR License.

3. Certificate of Insurance - Liability and Workers Compensation:
4. Workers Compensation exemption form (if applicable) from the Dept. of Financial Services

City of Fruitland Park Building Department must be listed as the certificate holder with the address of: 506 W Berckman Street, Fruitland Park, FL 34731

Authorized Signer:

The following persons are authorized to sign for permits for the above referenced license holder. Any changes will require a new form or letter. **This authorization is to remain in effect unless cancelled in writing by the undersigned.**

Signature of Applicant _____ **Date** _____

State of _____ County of _____. The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20 _____ by _____ who is personally known to me or _____ who has produced _____ as identification.

Signature of Notary _____ Seal: _____