



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

Business Fax #

State Certified Number

Driver's License Number - Qualifier

E-Mail Address

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: