



### CONTRACTOR REGISTRATION

In order for Contractors to obtain permits from the City of Lauderdale Lakes, they must register with us by submitting the following requirements in a valid and current state:

**All Contractors Must Submit:**

- a INSURANCE CERTIFICATES SHOWING THE CITY OF LAUDERDALE LAKES AS THE CERTIFICATE HOLDER.
  - (1) Liability Insurance, and
  - (2) Workmen’s Compensation Insurance or, if worker’s compensation exempt, a copy of the approved Worker’s Compensation Exemption from the Florida Department of Labor.
- b COPIES OF CURRENT LICENSES
  - (1) State Certified License, or
  - (2) State Registration and Broward County Competency License for the type of work being permitted.
- c BROWARD COUNTY OCCUPATIONAL LICENSE
- d COPY OF QUALIFIER’S DRIVERS LICENSE

**All permit applications require the qualifier’s original notarized signature.**

**All information must be current for permit issuance.**

\_\_\_\_\_  
NAME OF CONTRACTING FIRM (Print)

\_\_\_\_\_  
QUALIFIER’S SIGNATURE

\_\_\_\_\_  
QUALIFIER’S NAME (Print)

\_\_\_\_\_  
Business Address (Print)

( ) \_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Home Address (Print)

( ) \_\_\_\_\_  
Home Phone

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

My Commission Expires:

[ ] Personally known to me or [ ] Produced identification, type: \_\_\_\_\_



**AUTHORIZATION FOR PERMIT PICK-UP**

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

I, \_\_\_\_\_, as qualifier for \_\_\_\_\_,

Located at \_\_\_\_\_,

hereby designate the following person.(s) to pick up permits on my behalf:

\_\_\_\_\_  
Print Name of Designated Person

\_\_\_\_\_  
Signature of Designated Person

\_\_\_\_\_  
Print Name of Designated Person

\_\_\_\_\_  
Signature of Designated Person

\_\_\_\_\_  
Print Name of Designated Person

\_\_\_\_\_  
Signature of Designated Person

\_\_\_\_\_ *(If marked and initialed)* this authorization shall be valid until **September 30<sup>th</sup>** of **each fiscal year, unless earlier revoked by me in written notice to the City of Lauderdale Lakes.**

\_\_\_\_\_  
Print Name of Qualifier

\_\_\_\_\_  
Signature of Qualifier

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

The foregoing instrument was Sworn to and subscribed before me this \_\_\_\_\_ day

of \_\_\_\_\_, 2012, who is personally known to me or who has produced

\_\_\_\_\_ as identification

\_\_\_\_\_  
Print Name of Notary

\_\_\_\_\_  
Signature of Notary

My Commission Expires

**NOTE; A VALID PICTURE ID WITH A SIGNATURE WILL BE REQUIRED FROM EACH DESIGNATED PERSON**