



CITY OF COOPER CITY  
BUILDING DEPARTMENT

PHONE:  
954-434-4300  
EXT. #230, #227, #279  
FAX: 954-680-1439

CONTRACTOR REGISTRATION FORM

PLEASE PRINT

BUSINESS NAME: \_\_\_\_\_  
(AS IT APPEARS ON QUALIFIER'S LICENSE)

BUSINESS ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

BUSINESS EMAIL ADDRESS: \_\_\_\_\_

QUALIFIERS NAME: \_\_\_\_\_

QUALIFIERS ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

PLEASE PROVIDE LEGIBLE COPIES OF THE FOLLOWING:

- FLORIDA STATE LICENSE
- COUNTY COMPETENCY CARD (*IF APPLICABLE*)
- LOCAL BUSINESS TAX RECEIPT
- \*WORKMANS COMPENSATION INSURANCE
- \*LIABILITY INSURANCE

\* INSURANCE CERTIFICATE MUST SHOW CITY OF COOPER CITY AS CERTIFICATE HOLDER

\* WITH MAILING ADDRESS TO READ: P.O. BOX 290910 COOPER CITY, FL. 33329-0910

THIS FORM & DOCUMENTS MAY BE FAXED TO 954-680-1439 OR SUBMITTED WITH PERMIT APPLICATION.