

DEVELOPMENT SERVICES DEPARTMENT - BUILDING SERVICES CONTRACTOR REGISTRATION FORM

Rev: 8 | Revision Date: 3/23/2024 | I.D. Number: CRF

| Company Name (DBA): | |
|--|--|
| Qualifier Name: | Address: |
| City: | State: Zip Code: |
| Email: | Main Phone Number: |
| ITEMS | REQUIRED FOR REGISTRATION |
| <u> </u> | submitted electronically via LauderBuild at https://aca-spx , or in person at the Building Department. The DSD office Fort Lauderdale , Florida 33311 |
| Registration, if required. • Certificate of liability insurance holder at the above address (the example of the example of th | vard County Certificate of Competency with State e with the City of Fort Lauderdale named as the certificate e certificate must show insurance valid in Florida). In insurance with the City of Fort Lauderdale named as the address (the certificate must show insurance valid in Florida er's Compensation Exemption. document listing the company's name noted on the sense) of qualifier. We do not require a copy. Tion provided is true and accurate. |
| Print Name of Qualifier | Signature of Qualifier |
| presence or □ online notarizatio(Name and ti | BROWARD cknowledged before me by means of physical n, this day of, 202, by tle of authorized officer) for (Name of(whatever type of corporation). |
| Signature of Notary Public – Stat | e of Florida |
| Print, Type, or Stamp Commission | ned Name of Notary Public |
| Personally Known OR Produ Type of Identification Produced | ced Identification |

