



**The City of Miami Gardens  
Building Division  
18605 NW 27<sup>th</sup> AVE  
Miami Gardens, FL 33056  
305-622-8027 Fax 305-626-4220**

**CONTRACTOR REGISTRATION ITEMS REQUIRED**

**STATE LICENSED CONTRACTORS:**

1. State License
2. Certificate of Liability Insurance \*
3. Certificate of Worker's Compensation or Workman's Compensation Exemption Card \*
4. Occupational License from where your business is located
5. Copy of Qualifier's Driver's License

**COUNTY LICENSED CONTRACTORS:**

1. Certificate of Competency
2. State of Florida License Registration
3. Certificate of Liability Insurance \*
4. Certificate of Workman's Compensation or Workman's Compensation Exemption Card \*
5. Occupational License from Miami-Dade County
6. Copy of Qualifier's Driver's License

\* The City of Miami Gardens must be named as the Certificate Holder on all Insurances.

***\*\*All Information Must Be Submitted In Person at Time of Registration \*\****



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**CONTRACTOR REGISTRATION FORM**

**DO NOT FAX DOCUMENTS; THEY MUST BE BROUGHT IN PERSON.**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Other \_\_\_\_\_

Qualifier Name \_\_\_\_\_

Address \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Other \_\_\_\_\_

Drivers license #: \_\_\_\_\_ Exp: \_\_\_\_\_

**PLEASE ATTACH COPY OF ALL LICENSES & CERTIFICATE OF INSURANCES.**

State License: \_\_\_\_\_ Exp: \_\_\_\_\_

Certificate of Competency: \_\_\_\_\_ Exp: \_\_\_\_\_

Occupational License: \_\_\_\_\_ Exp: \_\_\_\_\_

Municipal License: \_\_\_\_\_ Exp: \_\_\_\_\_

**CERTIFICATE OF INSURANCE MUST BE MADE OUT TO THE CITY OF MIAMI GARDENS.**

Liability Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Workman's Comp Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiration: \_\_\_\_\_