

TOWN OF PEMBROKE PARK

BUILDING DEPARTMENT

Contractor's Annual Administrative Information Form

Name of Company: _____

Qualifier's Name: _____

Copy of Qualifier's Fla. Drivers License: _____

Classification: _____

Business Address: _____

Mailing Address: _____

Business Telephone: _____

City Occupational License: _____

County Occupational License: _____

B.C. Certificate of Competency: _____

State Registration Certificate: _____

Insurance Agent: _____

Insurance Certificate: _____

General Liability Limits: _____

NOTE: Qualifier's Signature must be notarized or this information Form will not be valid.

Qualifier's Signature **Date:** _____

Notary Public Signature **Date:** _____

Notary Seal:

Administrative Charge: \$30.00