



TOWN OF PEMBROKE PARK

3150 S.W. 52ND AVENUE • PEMBROKE PARK, FLORIDA 33023
(954) 966-4600 • FAX (954) 966-5310

CONTRACTOR'S REGISTRATION FORM

PLEASE PROVIDE THE INFORMATION BELOW PERTAINING TO YOUR CONTRACTOR'S LICENSE.

COMPANY NAME: _____

QUALIFIER'S NAME: _____

COPY OF QUALIFIER'S DRIVER LICENSE: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS TELEPHONE: _____ FAX: _____

QUALIFIER'S CELL PHONE : _____ EMAIL: _____

STATE CERTIFIED LICENSE : _____

STATE REGISTRATION NO: _____

BROWARD COUNTY CERTIFICATE NO: _____

WORKER'S COMP INSURANCE: _____ POLICY# _____ EXP: _____

GENERAL LIABILITY INSURANCE : _____ POLICY# _____ EXP: _____

NOTE: QUALIFIER'S SIGNATURE SHALL BE NOTARIZED OR THIS FORM WILL NOT BE VALID; ORIGINAL FORM MUST BE SUBMITTED ALONG WITH LICENSES.

****INSURANCE CERTIFICATES SHALL BE FAXED DIRECTLY TO US FROM INSURANCE COMPANY**

QUALIFIER'S SIGNATURE: _____ DATE: _____

NOTARY SIGNATURE: _____ DATE: _____

NOTARY SEAL:

06/02/2016