



CITY OF TAMARAC
 BUILDING DEPARTMENT
 6011 NOB HILL ROAD - 1ST FLOOR
 TAMARAC, FL 33321-6200
 PHONE: 954-597-3435 FAX: 954-597-3450

DATE PAID:

CONTRACTOR REGISTRATION/ANNUAL MAINTENANCE FORM

Date: _____

Please complete this form to help us keep your file up-to-date. Be sure to notify us with your most current licenses and insurances. **NOTE: Effective September 15, 2005 a \$50.00 Contractor Registration/Annual Maintenance Fee is required. Thank you. REGISTRATION FEE IS NOT REFUNDABLE.**

THE REGISTRATION FEE IS NOT REFUNDABLE

Qualifier's Name: _____ License #: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Company Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail address: _____ Fax: () _____

Qualifier's Signature: _____

STATE OF FLORIDA
 COUNTY OF

On this the _____ day of _____, 20____, before me the undersigned Notary Public of the State of Florida, personally appeared

 (Name(s) of individual(s) who appeared before notary)

NOTARY PUBLIC
 SEAL OF OFFICE:

and whose name(s) is/are subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand and official seal. _____
 (Name of Notary Public: Print, Stamp, or Type as Commissioned.)

- | | |
|---|--|
| <input type="checkbox"/> Personally known to me or, | <input type="checkbox"/> Produced identification: _____
(Type of Identification Produced) |
| <input type="checkbox"/> DID Take an oath, or | <input type="checkbox"/> DID NOT take an oath. |

FOR BUILDING DEPARTMENT USE ONLY

- | | | | | |
|--|------------------------------------|---|--|----------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> \$50.00 | <input type="checkbox"/> Copy of D/L | INITIALS |
| Verify: <input type="checkbox"/> License | <input type="checkbox"/> Occ. Lic. | <input type="checkbox"/> Gen. Liability | <input type="checkbox"/> Workers Comp. | |