



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.**

Qualifier's Name: \_\_\_\_\_

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.)

- Personally known to me or,  Produced identification: \_\_\_\_\_  
 (Type of Identification Produced)
- DID Take an oath, or  DID NOT take an oath.

**FOR BUILDING DEPARTMENT USE ONLY**

Renewal  \$50.00  Copy of D/L

INITIALS

Verify:  License  Occ. Lic.  Gen. Liability  Workers Comp.