

PLEASE PRINT

City of Parkland
Building Division
6600 University Drive
Parkland, Florida 33067
954 (753-5447) FAX (954) 753-8838
PERMITINFO@CITYOFPARKLAND.ORG

Contractor's Registration / Maintenance Form
License, Liability Insurance, Workers Compensation Insurance Verification Form

Company Information Date _____

Company Name _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

E-mail address (we will use this for permit notifications / expiration notices only):

Qualifier Information

Name _____

Address Same as above
 If Different _____

City _____ State _____ Zip _____

Please submit the following Documents:

- State Certification OR
 - County Competency Card
 - State Registration
- Liability Insurance (Original or Faxed Directly from Insurance Company)
- Workers Compensation Insurance (Original or Faxed Directly from Ins. Company) OR
- Workers Compensation Exemption

Our computer system checks for current license and insurance and if not provided or if expired, applications cannot be processed and inspections cannot be scheduled.