



**The City of Miami Gardens
Building Division
18605 NW 27th AVE
Miami Gardens, FL 33056
305-622-8027 Fax 305-626-4220**

CONTRACTOR REGISTRATION ITEMS REQUIRED

STATE LICENSED CONTRACTORS:

1. State License
2. Certificate of Liability Insurance *
3. Certificate of Worker's Compensation or Workman's Compensation Exemption Card *
4. Occupational License from where your business is located
5. Copy of Qualifier's Driver's License

COUNTY LICENSED CONTRACTORS:

1. Certificate of Competency
2. State of Florida License Registration
3. Certificate of Liability Insurance *
4. Certificate of Workman's Compensation or Workman's Compensation Exemption Card *
5. Occupational License from Miami-Dade County
6. Copy of Qualifier's Driver's License

* The City of Miami Gardens must be named as the Certificate Holder on all Insurances.

All information can be emailed to buildingpermitquestions@miamigardens-fl.gov



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CONTRACTOR REGISTRATION FORM

DO NOT FAX DOCUMENTS; THEY MUST BE BROUGHT IN PERSON.

Company Name

Address

CITY _____ State _____ Zip _____

Phone

Fax _____ Other _____

Qualifier Name

Address

CITY _____ State _____ Zip _____

Phone

Fax _____ Other _____

Drivers license #:

Exp: _____

Email Address:

PLEASE ATTACH COPY OF ALL LICENSES & CERTIFICATE OF INSURANCES.

State License: _____ Exp: _____

Certificate of Competency: _____ Exp: _____

Occupational License: _____ Exp: _____

Municipal License: _____ Exp: _____

**CERTIFICATE OF INSURANCE MUST BE MADE OUT TO THE CITY OF MIAMI
GARDENS.**

Liability Insurance Co.: _____

Policy Number: _____

Expiration: _____

Workman's Comp Insurance Co.: _____

Policy Number: _____

Expiration: _____