



TOWN OF MEDLEY

BUILDING DEPARTMENT

7777 NW 72nd Avenue

Medley, Florida 33166

Office 305-887.9541 • Fax 305-885-6928

CONTRACTOR REGISTRATION

COMPANY			
Company name:			
Address:			
Company Email:		Company Phone:	
QUALIFIER			
Qualifier Name:			
Qualifiers Email:		Qualifiers Phone:	
Qualifiers Contractor's License:		Type of Contractor:	

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR REGISTRATION:

Please note: Copies of all the following documentations must be submitted as a pdf along with this form: Please submit via pdf format to: building@townofmedley.com

1. Certificates of Worker's Compensation & Liability Insurance

Certificate Holder:

Town of Medley

7777 NW 72 Ave

Medley FL 33166.

2. Copy of Local Business Tax Receipt

3. Copy of State License

4. Copy of Miami-Dade Municipal Contractor's License (If Not State Certified)

5. Copy of State Registration (If Not State Certified)

6. Photo Identification of Qualifier (Driver's License)

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

X _____
Signature of Qualifier

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____ by: _____
(Type / Print qualifier Name)



(NOTARY'S SIGNATURE)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known ____ or Produced Identification ____

Type of Identification Produced _____