



**APPLICATION FOR REMETERER RENEWAL
WATER REMETERING SECTION**

Date: _____
Registration # _____
Business Name: _____
Owner or Corporation Name (if different): _____
Address: _____ City _____ State _____ Zip _____
Mailing Address (if different) _____ City _____ State _____ Zip _____
Telephone () _____ Contact Person: _____

Will you be installing or arranging for the installation of Meters?
() Yes () No If yes, please be advised that C700, C708, and C710 are ONLY approved sub meters for use under the program. Also, if you marked yes, provide current copy of certificate of competency as registered/certified plumber.

It is your obligation to notify the consumer services department of any material changer pertaining to the information in your original application. Please provide any changes below:

Checklist: Please attach the following:

1. Copy of current Miami Dade County local business tax
2. Copy of current Certificate of Competency as registered/certified plumber (if applicable)
3. Copy of current Worker’s compensation insurance
4. Copy of current Comprehensive General Liability (Minimum \$300,000.00)
5. List of properties you serve in Miami Dade County to include property name, service address, contact person, and telephone number.

Note: All lines must have an entry. If not applicable, enter N/A.

DUE 30 DAYS PRIOR TO EXPIRATION. INCLUDE CHECK FOR \$280.00 MADE PAYABLE TO “BOARD OF COUNTY COMMISSIONERS.” INCLUDE A LATE FEE OF \$140.00 IF SENT TO ARRIVE AFTER THE EXPIRATION DATE. LICENSING FEES ARE NON- REFUNDABLE

I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.

SIGNATURE _____ POSITION/TITLE _____

INCOMPLETE APPLICATION SHALL BE CONSIDERED ABANONDED IF APPLICATION FAILS TO COMPLETE THEIR APPLICATION WITHIN SIXTY DAYS FROM THE DATE THAT THE APPLICATION IS FILE WITH THE CONSUMER SERVICES DEPARTMENT. AN APPLICATION SUBMITTED SUBSEQUENT TO THE ABANDONMENT OF A FORMER APPLICATION SHALL BE TREATED AS A NEW APPLICATION.

AFFIDAVIT OF FINANCIAL LIABILITY

Do you, or any partner(s) or corporate officer(s), if applicable, owe money to Miami Dade County, Florida, either individually or through any other business, as a result of any of the following:

- I. unpaid civil penalties;
- II. unpaid administrative cost for a hearing;
- III. unpaid County investigative, enforcement, testing or monitoring cost;
or
- IV. unpaid liens?

Yes:
No:

I hereby certify that all the information provided is true and correct. By signing this document, I acknowledge that if the information provided is not true and correct, my registration/permit/certificate will be suspended or revoked.

Print Name: _____ Signature: _____ Date: _____

DECLARACIÓN DE DEUDA FINANCIERA

Usted, o algún socio(s) u oficial(es) de al corporación, si aplica, debe dinero al Condade de Miami Dade, Florida, ya sea individualmente o através de cualquier otro negocio, como resultado de cualquiera de lo siguiente:

- I. penalidades civiles no pagadas;
- II. costos administrativos por una audiencia, no pagado
- III. costos de investigación, cumplimiento de la ley, pruebas o aviso del Condado, no pagado; o
- IV. gravámenes, no pagados?

Si:
No:

Por esto yo certifico que toda la información proveída es correcta y verdadera. Firmando este documento yo confieso que si la información proveída no es verdadera y correcta, ni registración/permiso/certificado sera suspendidi o revocado.

Imprima el Nombre: _____ Firma: _____ Fecha: _____