MIAMI-DADE COUNTY
2016 ANNUAL LOBBYIST REGISTRATION

Section 2-11.1(s) - Code of Miami-Dade County, Florida

Please Type or Print in Ink

Date: _____/_____/_____

Mr/Ms Last Name | First Name | Mi.

Business/Firm Name

Address

City | State | Zip

Note: It is the responsibility of the lobbyist to notify the Clerk of the Board of County Commissioners of any changes in address.

Business Phone | Fax | E-Mail

Please indicate if you are representing a ___ Not-for-Profit Agency or ___if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct, indirect or contingent, pursuant to Section 2-11.1 (s) 3(b) and 4 of the Code of Miami-Dade County (Please check applicable group):

___ Certified Level 1 C.S.B.E ___ Certified Micro Enterprise ___ Certified Tier I Community Business Enterprise

___ Corporation, Partnership or other Entity

OATH

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; and that I have read and am familiar with the provisions contained in Section 2-11.1(s) of the Code of Miami-Dade County.

_____
Signature of Lobbyist

State of _____, County of _____
Sworn to and subscribed before me this

_____ day of _____, 20____. By _____

who is personally known ___ or produced identification____.

Type of Identification Produced _____

_____
Notary Public in and for the State of _____at Large
My commission expires:

(Notary Seal)

_____
Deputy Clerk

ETHICS TRAINING REQUIREMENT

Section 2-11.1(s)(2)(d) of the Code requires each lobbyist to take an ethics course approved by the Ethics Commission and submit a certificate of completion to the Clerk of the Board within 60 days after registration.

Has Ethics Training Been Completed?

(Please Circle) Y / N

If Yes, Date of Completion ___/___/___

For Office Use Only:

Annual Registration Fee: **$490.00 effective through 12/31/2016**
Data Entry Date _____, 20_____.

Fee Paid: [ ] Yes [ ] No [ ] Cash [ ] Check #_____
Entered By _____
Receipt No._____

[ ] Visa [ ] Master Card
[ ] American Express

(*Form Revision Date: 11/30/2015*
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Clerk of the Board of County Commissioners, 111 NW First Street, Suite 17-202, Miami, FL 33128
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www.miamidade.gov
Email: clerkbcc@miamidade.gov