Florida Certified Contractor License Registration and Verification Information and Instructions

In order to use the departments On-Line Services and obtain building permits and inspections all contractors’ license information must be verified and entered into the department’s database. This verification is only valid in unincorporated Miami Dade County.

REQUIRED DOCUMENTATION

1. A copy of your Florida Contractors License
2. A copy of your Certificate of General Liability Insurance
3. A copy of your certificate of Workers Compensation Insurance or Exemption. (Exemption must be issued to the qualifying agent and qualifying company name)
4. A copy of your Driver License

NOTE: We cannot register the license without the last four digits of the social security number of the qualifier.

Certificate of Liability Insurance

The minimum liability insurance amounts are:

- Bodily Injury- $300,000
- Property Damage- $50,000

Certificate of Worker’s Compensation Insurance or State of Florida Exemption

Certificate of general liability insurance and workers compensation must list the following as a certificate holder:

Miami Dade County
11805 SW 26 St., Suite 207
Miami, FL 33175

RETURN ATTACHED VERIFICATION FORM AND ALL SUPPORTING DOCUMENTATION TO THE CONTRACTOR LICENSING SECTION OR FAX TO 786-315-2450 or email at rer-clic@miamidade.gov

NOTE: You may need to obtain a Contractor's Business Tax Receipt from the Tax Collectors Office. Please contact them at 305-270-4949 or their website at http://www.miamidade.gov/taxcollector/business-taxes.asp

Last Updated 10-13-2021
Florida Certified Contractor License Registration and Verification Form

New Registration  
Name Change  

NOTE: Existing open permits will require a change of contractor and additional fees with the Permitting Division.

Contractor Information

<table>
<thead>
<tr>
<th>State of Florida License No.</th>
<th>Expiration Date</th>
<th>Trade Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifier Last Name</td>
<td>Qualifier First Name</td>
<td>Middle Initial</td>
</tr>
<tr>
<td>Home Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Mobile Phone</td>
<td></td>
</tr>
<tr>
<td>Qualifier Driver’s License No.</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Business Name(s) Qualified by the Contractor License Number Above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Business Phone</td>
<td>Fax Number</td>
<td>Qualifier Last 4 digits of SS#</td>
</tr>
</tbody>
</table>

Signature of Qualifying Agent

STATE OF FLORIDA, COUNTY OF MIAMI-DADE COUNTY
Sworn to and subscribed before me that this is a true statement this _______day of ____________________________20_____
My Commission Expires ____________________________

__________________________________________
NOTARY PUBLIC

__________________________________________

VERIFY NOT ALREADY REGISTERED IN MAINFRAME

Date Received ____________________________  Processing Clerk ____________________________

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