



Department of Regulatory and Economic Resource
Contractor Licensing Section
11805 S.W. 26 Street (Coral Way) • Room 207
Miami, Florida 33175-2474
T 786 -315-2880 F 786-315-2450

miamidade.gov

**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

Certificate of Liability Insurance

The minimum liability insurance amounts are:

- o Bodily Injury- \$300,000
- o 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 bldgdept@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>

Delivering Excellence Every Day



Florida Certified Contractor License Registration and Verification Form

New Registration

Name Change

NOTE: Existing open permits before the name change will require a change of contractor with the Permitting Divison.

Contractor Information

Form with fields for State of Florida License No., Expiration Date, Trade Category, Qualifier Last Name, Qualifier First Name, Middle Initial, Home Address, City, State, Zip Code, Home Phone, Mobile Phone, Driver's License No., Email, Business Name, Business Address, City, State, Zip Code, Business Phone, Fax Number, Last 4 digits of SS#, D.O.B.

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 _____