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### APPLICATION FOR WATER REMETERING REMETERER REGISTRATION

**Application Type:** Check one of the following:

- Initial                                       Renewal                                       2yr Renewal

**TYPE OF OWNERSHIP:** Check one of the following:

- Corporation                       Sole Proprietor                       Fictitious Name                       Other \_\_\_\_\_

Date of Inc: \_\_\_\_-\_\_\_\_-\_\_\_\_      D.O.B: \_\_\_\_-\_\_\_\_-\_\_\_\_      D.O.B.: \_\_\_\_-\_\_\_\_-\_\_\_\_

Check one of the following:

- Who is responsible for having the submeters installed?     Remeterer                       Property Owner

### BUSINESS INFORMATION:

1. Company Name: \_\_\_\_\_
2. D/B/A: \_\_\_\_\_
3. Address : \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Cell Number \_\_\_\_\_
6. **Email Address:** \_\_\_\_\_ County Remeterer Number: \_\_\_\_\_
7. Federal Tax Identification Number (FEID#): \_\_\_\_\_

### OWNER/OFFICER INFORMATION: (Please attach a separate paper for additional owners/officers)

- |                           |                           |
|---------------------------|---------------------------|
| Owner/Officer Name: _____ | Owner/Officer Name: _____ |
| Position: _____           | Position: _____           |
| Date of Birth: _____      | Date of Birth: _____      |
| Address & Zip Code _____  | Address & Zip Code _____  |
|                           |                           |
| Owner/Officer Name: _____ | Owner/Officer Name: _____ |
| Position: _____           | Position: _____           |
| Date of Birth: _____      | Date of Birth: _____      |
| Address & Zip Code _____  | Address & Zip Code _____  |

**Please answer yes or no to the following questions:**

**Yes**  **No**  Do you, or any partner(s), corporate officer(s) , as applicable, ever failed to comply with the terms of a cease and desist order, notice to correct a violation, written assurance of compliance, or any other lawful order of the Miami-Dade County Consumer Protection Division with regard to Water-Remetering?  
*If yes, please provide details on a separate sheet.*

**Yes**  **No**  Do you, or any partner(s) or corporate officer(s), or stockholder(s) as applicable, owe money to Miami-Dade County, Florida either individually or through any other business, as a result of the following: unpaid civil enforcement, testing or monitoring costs; or unpaid liens? *If yes, please provide details on a separate sheet.*

I, \_\_\_\_\_, the undersigned, under penalties of perjury, declare that I have read the foregoing application and verify that the facts stated in it are true and complete. I will abide by the provisions of the Code of Miami-Dade County and all other applicable laws. I understand that civil penalties may be imposed for violations of the Miami-Dade County Code. I acknowledge that omissions or false statements will be grounds for suspension, revocation or non-issuance of a Water Remetering Registration. **I further acknowledge that all license fees are non-refundable and that incomplete applications shall be immediately denied.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**Complete the following checklist including those items attached or enclosed with this application:**

- |   |   |
|---|---|
| <input type="checkbox"/> <u>Completed Application</u>   | <input type="checkbox"/> <u>County Local Business Tax Receipt</u>                         |
| <input type="checkbox"/> <u>License Fees(See Attachment)</u>  | <input type="checkbox"/> <u>Certificate of Competency as registered/certified plumber</u> |
| <input type="checkbox"/> <u>Comprehensive General Liability (Minimum \$300,000)</u>   | <input type="checkbox"/> <u>Copy of Owner's Drivers License</u>                           |
| <input type="checkbox"/> <u>List of Properties you serve in Miami-Dade County to include property name Service address, contact person, and telephone number.</u> |   |

**Workers' Compensation Coverage**  
**Cobertura del seguro de accidentes de trabajo**

The following have been enclosed (Check One):

*Lo siguiente ha sido incluido (Marque uno):*

- Workers' Compensation Certificate of Insurance; or  
*Certificado de seguro de accidentes de trabajo; o*
  
- State of Florida Certificate of Exemption; or  
*Certificado de exención del Estado de la Florida; o*
  
- Letter affirming that Workers' Compensation Insurance is not required by law  
(You may use the form below)  
*Carta de declaración de que las leyes no requieren el seguro de accidentes de trabajo*  
*(Puede utilizar el formulario que consta a continuación)*

***Letter affirming Workers' Compensation Insurance not required by Florida law***

Under penalties of perjury, I, \_\_\_\_\_, as (Circle One) Individual Owner/General Partner/Officer or Director, Hereby affirm that under Section 440 of the Florida Statutes and other applicable Florida laws, The Business known as: \_\_\_\_\_ is not required to carry Workers' Compensation Insurance for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date