



Community Development Department – Engineering Division
10770 West Oakland Park Boulevard, Sunrise, FL 33351
P: 954.746.3270 F: 954.746.3287

REQUIREMENTS FOR CONTRACTOR'S RECORDS MAINTENANCE

Permitting will be delayed if required information is missing, illegible or expired.

1. Each Qualifier must have a completed Contractor's Records Maintenance Form
2. State License and/or Broward County Certificate of Competency with corresponding State Registration
3. Workman's Compensation Insurance
4. General Liability Insurance bearing the following information:

City of Sunrise
10770 West Oakland Park Boulevard
Sunrise, Florida 33351
5. Business Tax Receipt for the City/County where the business is located
6. Copy of the Qualifier's Government Issued Photo ID (i.e. Driver's License, Identification Card, etc.)



Community Development Department – Engineering Division
10770 West Oakland Park Boulevard, Sunrise, FL 33351
P: 954.746.3270 F: 954.746.3287

TIME/DATE STAMP

CONTRACTOR'S RECORDS MAINTENANCE FORM

(The requested information is mandatory and may be provided in person or by mail)

QUALIFIER'S INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell #: _____

BUSINESS INFORMATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Email (For Permit Status Notification): _____

LICENSE AND INSURANCE INFORMATION

State Certified License #: _____

Broward County Certificate of Competency #: _____ Expiration Date: _____

Name of Worker's Compensation Insurance: _____ Insurance #: _____

Name of Insurance Company: _____

General Liability Insurance #: _____ Expiration Date: _____

EMERGENCY CONTACT

Name: _____ Phone #: _____

I hereby certify that the information above is true and accurate.

Print Name of Qualifying Agent _____

Signature of Qualifying Agent _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____ (name of person acknowledging).

Signature of Notary Public – State of Florida

Print, type or stamp commissioned name
of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____