CORAL GABLES
THE CITY BEAUTIFUL

BUILDING DEPARTMENT

CONTRACTOR REGISTRATION FORM

DIRECTIONS: Complete to register as a contractor with the City of Coral Gables.

Please complete all **RED (*) asterisks** fields Documents to submit in PDF format

***SELECT APPLICATION TYPE:** ☐ **Florida State Certified Contractor** ☐**Florida State Registered Contractor** ☐**Miami-Dade County CTQB Card Holder**

ALL CONTACTS MUST REGISTER FOR A SEPARATE, UNIQUE USER LOGIN at **coralgablesfl-energovpub.tylerhost.net/Apps/SelfService#/home** to use the Citizen Self-Service portal.

***CONTRACTOR/ QUALIFIER:**

*COMPANY NAME: _____

*LICENSEE/QUALIFIER NAME: _____

*ADDRESS: _____ CITY/STATE/ZIP: _____

*EMAIL (Required for system notifications): _____

*PHONE: _____

***DBPR OR CTQB LICENSE NUMBER(S):** _____

☐State of Florida Contractor License
☐Miami Dade County CTQB License
(IMPORTANT: Front & Back)
☐Liability Insurance**
☐Worker's Compensation** -or-
☐Worker's Compensation Exemption
☐Driver's License with Photo

****City of Coral Gables shall be listed as certificate holder.**

***QUALIFIER'S SIGNATURE:** _____

***PRINT Qualifier's Name:**

_____

STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me by means of
☐ physical presence or ☐online notarization, this

_____ day of _____ 20_____, by

NOTARY SEAL
NOTARY SIGNATURE _____

Personally Known ___or Produced Identification _____

Type of Identification Produced_____