City of Coral Gables
Development Services Department

REGISTRATION
PRIVATE PROVIDER

Form R.1
Florida Statutes §553.791(15) (b)

Note: All private provider firms must be registered with the City of Coral Gables through our permit portal. Link to submit- PRIVATE PROVIDER REGISTRATION AND UPDATES (ctrl + click to follow link)

Please submit all the following documents:

1. Form R.1--- Private Provider Registration {Private provider qualifier will need to create an account: LINK to CREATE AN ACCOUNT (ctrl + click to follow link)
2. Form R.2--- Employment Affidavit
3. Form A.2 Personnel Identification
4. Copy of current Florida License for the business entity (Certificate of Authorization)
5. Copy of Florida Licenses for all Private Providers
6. Resume for Qualifier and all Private Providers
7. Occupational license
8. Copy of Driver License
9. Certificate of ***professional liability insurance*** as required by FS 553.791 (18). The certificate must name the City of Coral Gables as the certificate holder.
10. Certificate of Insurance for ***General Liability*** and ***Workers Compensation***. The certificate must name the City of Coral Gables as the certificate holder.

PRIVATE PROVIDER FIRM

Name of Firm: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

Federal Employer Identification Number (FEIN): _____

PRIVATE PROVIDER (QUALIFIER)

Name of Qualifier: _____

Signature: _____

Home Address: _____

Home Telephone: _____ Alternate Telephone: _____

State of FLORIDA)
County of MIAMI-DADE)

SWORN AND SUBSCRIBED before me, this _____ day of _____, 20 _____, personally appeared _____, being personally known to me ( ) or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____

Print Name: _____

Notary Public Stamp: My Commission Expires