

Building Department Contractor Registration Form

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

Cell: _____

Company Email: _____

Qualifiers Name: _____

Please provide the following documents for registration:

1. STATE/COUNTY LICENSE
2. WORKMANS COMPENSATION INSURANCE
3. GENERAL LIABILITY INSURANCE
4. COUNTY OCCUPATIONAL LICENSE

When submitting proof of liability and workmen's compensation, please be sure the certificate holder is shown as:

The City of Deerfield Beach
150 NE 2 Avenue
Deerfield Beach, FL 33441

All requested documents must be current and legible. Any missing information will delay registration.

Please send all documents to : web.building@deerfield-beach.com

No registration fees required.