



Contractor Record Management

Please submit via pdf format to: ePermits@hollywoodfl.org

PLEASE PRINT LEGIBLY

Please Circle One: NEW or UPDATE

Type of Contractor: _____

Business Name: _____

Business Address: _____ City/State/Zip: _____

Business Email: _____ Office Ph. #: _____

Qualifier Name: _____ Qualifier License #: _____

Mobile Phone #: _____ Fax #: _____

Qualifier Email Address: _____

Please note: Copies of all the following documentations must be submitted as a pdf along with this form:

- | | <u>Provided</u> |
|--|-----------------|
| 1.) Qualifier's Driver's License | _____ |
| 2.) City Occupational License/Business Tax | _____ |
| 3.) State Certification License, Registration <u>or</u>
County Certificate Competency | _____ |
| 4.) Workers Compensation/Exemption | _____ |
| 5.) General Certificate of Liability Insurance*** | _____ |

Certificates of Insurance must show the "City of Hollywood" as the Certificate Holder***

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Qualifier Signature Date

The foregoing instrument was acknowledged before me this _____ day of _____ 20____
by _____ who is personally known to me or has produced
_____ as identification and did (or did not) take an oath.

Notary Public Signature Commission Expires: _____