

CITY OF PUNTA GORDA

Contractor Registration

This Document Must Be Legibly Printed or Typed

326 W. Marion Ave.

Punta Gorda, FL 33950

941-575-3324

licensing@pgorda.us

Provide the following with this completed form:

- Copy of your current State License or current County/City issued Certificate of Competency
- General Liability insurance certificate naming the City of Punta Gorda as the certificate holder
- Work Comp insurance certificate naming the City of Punta Gorda as the certificate holder or
- Worker's Comp exemption card
- Clear copy of current Florida State Driver's License or ID Card
- Check or Money Order in the amount of \$100.00 (Applies to State Registered, Specialty and LP Gas Contractors only)

Qualifier's Name: _____

Trade: _____

Business Name: _____

Telephone: _____

Business Address: _____

E-Mail Address: _____

Qualifier's Certification: (Please read prior to signing)

I hereby apply for or renew a City of Punta Gorda Certificate of Competency in the above named trade. I will abide by the regulations adopted by the City of Punta Gorda regarding Certificates of Competency and will not allow my Certificate to be used by other persons or firms. I will be actively engaged in all work authorized under my Certificate of Competency and will supervise work at the job site. I certify all submitted information is true. I understand that this Certificate of Competency can be revoked if there has been any falsification of submitted information on this application.

Qualifier's Signature

Qualifier's Printed Name

Date Signed

Acknowledged before me by means of () physical presence or () online notarization this _____ day of _____, 20_____, by _____ who is _____ personally known to me or who has produced _____ as identification.

Signature of Notary Public-State of Florida

Notary Seal:

Attach a copy of current Florida State Driver's License or ID Card below

Office Use Only:

Code: _____

Copy of Local License/Certificate: _____

General Liability Certificate: _____

Work Comp Certificate: _____

Work Comp Exemption: _____

Copy of FL Driver's License/ID Card: _____

Payment Amount: _____

Check Number: _____