



DEVELOPMENT SERVICES DEPARTMENT - BUILDING SERVICES CONTRACTOR REGISTRATION FORM

Rev: 10 | Revision Date: 12/17/2025 | I.D. Number: CRF

Company Name (DBA): _____
Qualifier Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Email: _____ Main Phone Number: _____

ITEMS REQUIRED FOR REGISTRATION

Contractor registrations can be submitted electronically via LauderBuild at <https://aca-prod.accela.com/FTL/Default.aspx>,

REQUIRED DOCUMENTS

- State of Florida License or Broward County Certificate of Competency with State Registration, if required.
- Certificate of liability insurance with the City of Fort Lauderdale named as the certificate holder at the following address 700 NW 19th Ave, Fort Lauderdale, FL 33311 (the certificate must show insurance valid in Florida).
- Proof of worker's compensation insurance with the City of Fort Lauderdale named as the certificate holder at the above address (the certificate must show insurance valid in Florida) or proof of State of Florida Worker's Compensation Exemption.
- Copy of the active Sunbiz.org document listing the company's name noted on the license.

I hereby certify that the information provided is true and accurate.

Print Name of Qualifier

Signature of Qualifier

STATE OF FLORIDA/COUNTY OF BROWARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 202__, by _____ (Name and title of authorized officer) for _____ (Name of corporation), a _____ (whatever type of corporation).

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ___ OR Produced Identification ___
Type of Identification Produced _____

