

MONROE COUNTY BUILDING DEPARTMENT

Middle Keys Office: 2798 Overseas Highway, Marathon, FL 33050, (305) 289-2501 / Lower Keys Office: 5503 College Road, Key West, FL 33040, (305) 295-3990
Upper Keys Office: 102050 Overseas Highway, Key Largo, FL 33037 (305) 453-8800 / Ocean Reef Office: 11601 CR 905, Key Largo, FL 33037 (305) 453-8765

Website: <https://www.monroecounty-fl.gov/162/Contractor-Information-Forms-Application>

EMAIL: contractor-license@monroecounty-fl.gov

Licensing Office Phone Number: (305) 289-2583

State Certified Contractor Registration Application

The purpose of this form is for State Certified Contractors wanting to register OR update an existing expired registration with Monroe County Building Department. This registration is only for un-incorporated areas.

Application may be mailed to the Middle Keys Office Address listed above, or

email legible copies to: contractor-license@monroecounty-fl.gov

To avoid delays in registration, make sure you provide signed and notarized Application along with requested items below:

1. Legible color copy of qualifier driver's license or some other valid form of government approved identification.
2. Legible copy of Department of Business Professional Regulations (DBPR) Florida State Contractor license.
3. The corporation and/or fictitious name you qualify must be registered and in ACTIVE status with the Florida Division of Corporations (www.sunbiz.org). Legible copy is required.
4. Copy of current local business tax receipt (f/k/a occupational license) for your discipline from where your permanent business location or branch office is maintained for contractors licensed by DBPR. If your County is exempt, then you must obtain a Monroe County Business Tax Receipt. Note: Qualifying Agents Name, Company Name and License Number must be noted.

5. Copy of current-issued Certificate of Insurance from an insurance company authorized to do business in the state of Florida, Complete business name (including DBA) as licensed with DBPR and the State license number must be included on the Certificate of insurance.

Certificate Holder: Monroe County Building Dept. 2798 Overseas Highway Suite 300, Marathon, FL 33050

6. Copy of current-issued Certificate of Insurance from an insurance company authorized to do business in the state of Florida, workers compensation insurance and/or a State of Florida workers' compensation exemption (dependent on business status.) Complete business name (including DBA) as licensed with DBPR and the State license number must be included on the Certificate of insurance.

Certificate Holder: Monroe County Building Dept. 2798 Overseas Highway Suite 300, Marathon, FL 33050.

Exemption Certificates are only accepted for qualifying officers of business name and specific trade must be listed on exemption.

Agent Forms are available on our website if applicable

YOU WILL BE EMAILED A CONTRACTOR ID NUMBER UPON COMPLETION OF YOUR REGISTRATION

You may also view the status of your registered accounts on our website at:

MCeSearch: <https://mcesearch.monroecounty-fl.gov/home>

Office Use: Received: By:	Contractor ID #: Contractor ID # No Longer in Use, If applicable:	Date Activated:
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Select Registration Type: <input type="checkbox"/> New Registration <input type="checkbox"/> Update Registration

SECTION I – LICENSE

Contractor’s DBPR License Number:
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SECTION II – APPLICANT

Licensed (Qualifier) Name: (Name Must match name on driver’s license)	
Home Mailing Address:	
License Holder’s Cell Phone Number:	License Holder’s Email Address:

SECTION III – BUSINESS

Business Name: (As registered including DBA)	
Business Mailing Address:	
Business Phone Number:	Business Email Address:

SECTION IV – SIGNATURE

I swear and affirm that the above is correct, true, and accurate to the best of my knowledge. Licensee’s Signature:

NOTARY PUBLIC
STATE OF FLORIDA _____ **COUNTY OF** _____
 Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization,
 this _____ day of _____ 20__ (year), by _____
 (Name of person making the statement)
 ___ Personally Known or ___ Produced Identification
 Type of Identification Produced: _____

 (Signature of Notary Public – State of Florida) (Print, Type or Stamp Commissioned Name of Notary Public)

Notary Public
 My Commission Expires: _____ (SEAL)