



## MONROE COUNTY GROWTH MANAGEMENT BUILDING DEPARTMENT

Middle Keys/Main Office: 2798 Overseas Highway, Suite 300, Marathon, FL (305) 289-2501

Upper Keys Office: 102050 Overseas Highway, Key Largo, FL (305) 453-8800

11601 CR 905, Key Largo, FL (305) 453-8765

Lower Keys Office: 5503 College Road, Key West, Suite 203, FL (305) 295-3990

[www.monroecounty-fl.gov](http://www.monroecounty-fl.gov)

### State Certified Contractor Registration Instructions

A State Certified Contractor wanting to register or update a registration in un-incorporated Monroe County must submit a completed [State-Certified Contractor Registration Application](#) with the following:

1. Legible color copy of driver's license or some other valid form of government approved identification.
2. Copy of Contractor License; qualifying agent's name must match the name on driver's license and all documentations.
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](http://www.sunbiz.org)). You must provide the document number or registration number for company on application.
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 Local Business Tax receipt. **NOTE: Qualifying Agent's Name, Company Name, and License Number must be noted.**
5. Copy of current-issued Certificate of Insurance for Liability from an insurance company authorized to do business in Fla. for the proper aggregate amount of public liability and property damage insurance for your discipline. **\*\*State license number(s) must be listed on all certificates provided\*\*.**
6. Copy of current-issued Certificate of Insurance from an insurance company authorized to do business Fla. for workers' compensation insurance and/or a valid executed workers' compensation exemption for your discipline(s)  
**NOTICE:** W/C insurance for all non-exempted officers must be provided.
  - a) Partners, Officers Exclusion Endorsement Schedule page required if officers are excluded from workers' compensation

\* The Certificate of Liability Insurance shall be prepared by an insurance agency and must contain the following\*

  - a. Proper aggregate amount of public liability and property damage for your discipline
  - b. Name of Insured **must reflect the exact name** of the business organization qualified by the applicant as registered with DBPR  
DBA names included.
  - c. Licensee's correct license number(s)
  - d. **Certificate Holder:** Monroe County Building Department, 2798 Overseas Highway, Suite 300, Marathon, Florida 33050
7. An original Monroe County [Agent Authorization Form](#) required if anyone other than the licensee will be dropping off and/or picking up a permit. **NOTICE:** The licensee, no exceptions, must sign all Building Permit applications.
8. **Clear** Completed application and all supporting materials may be mailed, e-mailed or dropped-off at any of our offices; You shall receive an email your application has been received in our processing office and will be reviewed:  
E-mail to: [partington-maria@monroecounty-fl.gov](mailto:partington-maria@monroecounty-fl.gov) or [gross-jamie@monroecounty-fl.gov](mailto:gross-jamie@monroecounty-fl.gov) (please only send once)

**Registration may take up to five (5) business days NOT including the day of submission, so please plan accordingly; you may not have activity without a Contractor ID#.**

**\*\*\*YOU WILL BE CONTACTED UPON COMPLETION OF YOUR REGISTRATION VIA E-MAIL.\*\*\***

You may visit our website to search for your company name or qualifier's name at [Egov.monroecounty-fl.gov](http://egov.monroecounty-fl.gov), "I Want To, Search, Permits, Contractor Records" webpage (or click here: [http://egov.monroecounty-fl.gov/eGovPlus/entity/login\\_main.aspx](http://egov.monroecounty-fl.gov/eGovPlus/entity/login_main.aspx)).

**NOTICE:** INCOMPLETE APPLICATIONS WILL BE RETURNED RESULTING DELAYING REGISTRATION. USE THIS CHECKLIST TO ENSURE YOU HAVE ENCLOSED/ATTACHED ALL THE REQUIRED DOCUMENTATIONS. KEEP THIS INSTRUCTIONS PAGE READILY AVAILABLE TO ASSIST IN LOCATING YOUR RECORD.

If you have any questions regarding the contents of this form or if we may further assist you, please feel free to contact the Licensing Division at (305) 289-2583. Lobby hours are Monday through Friday, 8:30 A.M. to 3:00 P.M., closed on holidays.



Received Date: \_\_\_\_\_ Contractor ID #: \_\_\_\_\_ Activation Date: \_\_\_\_\_  
 By: \_\_\_\_\_ New Registration  / Update to existing Registration  / Change in Status Re-Registration

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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

Lower Keys Office: 5503 College Road, Suite 203, Key West, FL (305) 295-3990

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**State Certified Contractor Registration Application**

Contractor's License Number(s): \_\_\_\_\_

**Applicant**

Licensee (Qualifier) Name: \_\_\_\_\_

(Name MUST match name on driver's license & DBPR)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Licensee's Cell Phone Number: \_\_\_\_\_

*Required*

Licensee's E-mail: \_\_\_\_\_

*Please Provide for ease of communication in reference to qualifiers license*

**Business Information**

Qualified Business Name: \_\_\_\_\_

*Print Company Name including DBA* The corporation and/or fictitious name you qualify will need to be registered and in ACTIVE status with the Florida Department of State Division of Corporations (<https://dos.myflorida.com/sunbiz/>)

List document or registration number(s): \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

**Signature**

I swear and affirm that the all of the above is correct, true, and accurate to the best of my knowledge.

Licensee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to & subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, he / she is personally known to me or has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
**Notary's Signature**

**Seal**