



# CITY OF FORT PIERCE

OFFICE OF THE CITY CLERK

100 N US HWY 1

FORT PIERCE, FL 34950

PH: (772)467-3065 FAX: (772)467-3841

[cityclerk@cityoffortpierce.com](mailto:cityclerk@cityoffortpierce.com)

Registration Fee \$25.00

Date \_\_\_\_\_

Control # \_\_\_\_\_

## Voluntary Registration Application for City Competency Card for STATE CERTIFIED CONTRACTORS

Falsification of any information herein, including all supplementary pages  
and attachments, is grounds for disqualification or revocation.

- |  |   |  |
|--|---|--|
| <input type="radio"/> General Contractor     | <input type="radio"/> Plumbing Contractor   | <input type="radio"/> Commercial Pool  |
| <input type="radio"/> Building Contractor    | <input type="radio"/> Electrical Contractor | <input type="radio"/> Residential Pool |
| <input type="radio"/> Residential Contractor | <input type="radio"/> Air Conditioning      | <input type="radio"/> Other _____      |

I am qualifying for a:      Sole Proprietor                  Partnership                  Corporation

<b>Company Name</b>			
<b>Company Address</b>			
<b>Company Mailing Address</b> <i>(If different)</i>			
<b>Company Phone #</b>		<b>Fax #</b>	
<b>Qualifier's Name</b>			
<b>Qualifier's State License #</b>		<b>Email</b>	
<b>Qualifier's Home Address</b>			
<b>Qualifier's Daytime Phone #</b>		<b>EIN #</b>	

\_\_\_\_\_  
Qualifier's Signature

\_\_\_\_\_  
Date

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## Voluntary Registration Application for a City Competency Card for **STATE CERTIFIED CONTRACTORS**

1. Completed Application
2. Copy of current Department of Business & Professional Regulation State License
3. Liability Insurance Certificate\* – City of Fort Pierce must be named as the Certificate Holder
4. Worker's Compensation Insurance Certificate, as set out in the Worker's Compensation Law of the State of Florida – City of Fort Pierce must be named as the Certificate Holder. If NO employees, Exemption Certificate issued by the Dept. of Financial Services, Division of Worker's Compensation
5. Current Local Business Tax Receipt issued for the Business location
6. Photo Identification **IN COLOR**
7. Service User Fee - \$25.00 Annually
8. Notarized Letter of Authorization on company letterhead signed by Qualifier designating an agent to act on his/her behalf for Permits & Licensing.

### \*Insurance Requirements:

General & Building Contractors – Public Liability with minimum limits of not less than \$300,000.00 and property damage insurance with a minimum limit of not less than \$50,000.00 for any one accident.

All other Contractors – Public Liability with minimum limits of not less than \$100,000.00 and property damage insurance with a minimum of not less than \$25,000.00