

**APPLICATION FOR REGISTRATION INDIAN RIVER COUNTY/CITY OF VERO BEACH
STATE CERTIFIED CONTRACTOR**

NO FEE APPLICATION DATE: _____

TYPE OF CONTRACTOR: _____

BUSINESS NAME: _____

QUALIFIER NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

QUALIFIER DRIVER'S LICENSE STATE: _____ DL #: _____

QUALIFIER D.O.B.: _____ BUSINESS E-MAIL: _____

BUSINESS PHONE: _____ BUSINESS FAX: _____

BUSINESS MOBILE: _____

The following is **REQUIRED** to be submitted **with this application** in order for us to process the application.

Incomplete Applications will not be processed:

1. **Copy of State Certificate.**
2. **Copy of Business Tax Receipt/Occupational License.**
3. **Certificate of Insurance for:**
 - General Liability
 - Worker's Compensation or State of Florida - Worker's Compensation Exemption Certification. Certificate Holder: Indian River County Building Department, 1801 27th Street, Vero Beach, FL 32960
4. **Copy of Qualifiers Valid Driver's License.**

I hereby agree to keep the required insurance in force, and to procure a City of Vero Beach or Indian River County Local Business Tax Receipt (Occupational License) prior to opening a place of business within these jurisdictions.

QUALIFIER'S SIGNATURE

QUALIFIER'S PRINTED NAME

Acknowledgement for Person in an Individual Capacity	Acknowledgement for Person in a Representative Capacity
<p>State of Florida, County of _____</p> <p>The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20 _____, by _____</p> <p>who is <input type="checkbox"/> personally known or <input type="checkbox"/> produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal _____</p>	<p>State of Florida, County of _____</p> <p>The foregoing instrument was acknowledged before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization this _____ day of _____, 20 _____, by _____ (Name of Person) as _____ (Explain Representative Capacity) for _____ (Name of Party on Behalf of Whom Instrument was Executed).</p> <p>who is <input type="checkbox"/> personally known or <input type="checkbox"/> produced identification Type of ID Produced _____ Printed Name of Notary _____ Signature of Notary _____ Notary Seal _____</p>

BUILDING DIVISION
CONTRACTOR LICENSING DEPARTMENT
772-226-1960
FAX #: 772-770-5333



**INDIAN RIVER COUNTY/
CITY OF VERO BEACH**

REGISTRATION PROCEDURES

STATE CERTIFIED APPLICANTS:

1. Complete Application fully (**Put N/A in boxes that do not apply**).
2. Submit a copy of current Florida State Certificate.
3. Provide Certificate of Insurance for:
 - General Liability
 - Worker's Compensation

Certificate Holder: Indian River County Building Department, 1801 27th Street, Vero Beach, FL 32960

Note: If you're exempt from Worker's Compensation Insurance, please provide proof of exemption.

4. Submit copy of current business tax receipt/occupational license (municipality of business).
5. Submit copy of qualifier's valid Driver's License.
6. Completed Application(s) can be scanned and emailed in pdf format to ContractorLicensing@ircgov.com

C E R T I F I E D

**THESE DOCUMENTS MAY BE EMAILED, MAILED, DELIVERED OR FAXED.
IF FAXED, PAYMENT CAN BE MADE WITH CHARGE CARD. COMPLETE THE FORM:**
http://www.irccdd.com/Applications/Credit_Card/Application.pdf

To submit a completed application (pdf format) or for further information, contact the Contractor License Department by email: contractorlicensing@ircgov.com