



DBPR-LICENSED CONTRACTOR REGISTRATION

(Revised 12/16/2019)

CITY OF KEY WEST

PO Box 1409 (1300 White St.)

Key West, FL 33041

licensing@cityofkeywest-fl.gov

Date: _____

Business Name: _____

Qualifier Name: _____

Business Address: _____

Zip Code: _____

Phone #: _____

Email Address: _____

Contractor Type(s): Plumbing

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Air conditioning | <input type="checkbox"/> Elec. Specialty | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Sheet metal |
| <input type="checkbox"/> Alarm systems | <input type="checkbox"/> Elevator | <input type="checkbox"/> Pollutant storage | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> General/CGC | <input type="checkbox"/> Pool/Spa | <input type="checkbox"/> Utility/excavate |
| <input type="checkbox"/> Building | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Residential | <input type="checkbox"/> Specialty |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Mold Remediator | <input type="checkbox"/> Roofing | Type: _____ |

Attach copies of the following:

Document Number

Expiration Date

Worker's Comp Insurance _____

General Liability Insurance _____

State License _____

Local Business Tax Receipt _____

Location: _____

Worker's Comp Exemption _____

Office Use Only:

Registration #: AEC _____

Licensing Rep: _____

Date: _____

This form and the attachments can be submitted via email, U.S. Mail, or in person.