



CITY OF KEY WEST
 PO Box 1409 (1300 White St.)
 Key West, FL 33041
 licensing@cityofkeywest-fl.gov

**DBPR-LICENSED
 CONTRACTOR
 REGISTRATION**

(Revised 12/2017)

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:

	<u>Document Number</u>	<u>Expiration Date</u>
Worker's Comp Insurance	_____	_____
General Liability Insurance	_____	_____
State License	_____	_____
Local Business Tax Receipt	_____	_____
Location: _____		
Worker's Comp Exemption	_____	_____

Office Use Only:

Registration #: CR-_____

Licensing Rep: _____

Date: _____

This form and the attachments can be sent to us via email at cityofkeywest-fl.gov