

# SEMINOLE TRIBE OF FLORIDA

**TRIBAL COMMUNITY  
DEVELOPMENT HARRIS HAMID, P.E.**

**Tribal Inspectors Office**  
6363 Taft Street, Suite 308  
Hollywood, Florida 33024  
T: (954) 894-1080 Ext. 10912  
F: (954) 989-1571



**MARCELLUS W. OSCEOLA, JR.**, Chairman

**MITCHELL CYPRESS**, Vice Chairman

**ANDREW J. BOWERS, JR.**, Brighton Councilman

**CHRISTOPHER OSCEOLA**, Hollywood Councilman

**MANUEL M. TIGER**, Big Cypress Councilman

**LAVONNE ROSE**, Secretary

**PETER A. HAHN**, Treasurer

## CONTRACTOR'S REGISTRATION

Please print clearly

Company Name: \_\_\_\_\_  
*(as it appears on the State license)*

Company Address: \_\_\_\_\_

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

Business Phone:(     ) \_\_\_\_\_ Business Fax No:(     ) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_

### PLEASE SUBMIT A COPY OF THE FOLLOWING

STATE OR COUNTY LICENSE /CERTIFICATION  
GENERAL LIABILITY  
WORKERS COMPENSATION

The certificate must name **The Seminole Tribe of Florida, 6300 Stirling Road, Hollywood, FL 33024** as the certificate holder and as additional insured. The additional insured needs to be included in the description box on the certificate and also by separate endorsement.