



**SEMINOLE TRIBE OF FLORIDA**  
**TRIBAL INSPECTOR' DEPARTMENT**  
6363 TAFT ST. SUITE 308  
HOLLYWOOD, FL. 33024  
OFFICE: (954) 894-1080 FAX: (954) 989-1571  
EMAIL: [BUILDINGDEPT@SEMTRIBE.COM](mailto:BUILDINGDEPT@SEMTRIBE.COM)

## **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: \_\_\_\_\_ CONTACT No.: \_\_\_\_\_

CELLULAR: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

QUALIFIER'S NAME: \_\_\_\_\_

QUALIFIER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CELL PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### **PLEASE ATTACH COPY OF ALL LICENSES**

STATE LICENSE NO.: \_\_\_\_\_ EXP.: \_\_\_\_\_

CERTIFICATE OF COMPETENCY: \_\_\_\_\_ EXP.: \_\_\_\_\_

### **PLEASE ATTACH COPY OF ALL INSURANCE**

LIABILITY INSURANCE Co.: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_ EXP.: \_\_\_\_\_

WORKER'S COMP INS. Co.: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_ EXP.: \_\_\_\_\_

- ✚ THE INSURANCE 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.
- ✚ COPY OF INSURANCE POLICY CAN ONLY BE ACCEPTED FROM INSURANCE AGENT VIA FAX, MAIL OR EMAIL.