SEMINOLE TRIBE OF FLORIDA
TRIBAL INSPECTOR'S DEPARTMENT
6363 TAFT ST. SUITE 308
HOLLYWOOD, FL. 33024
OFFICE: (954) 894-1080 FAX: (954) 989-1571
EMAIL: 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.