CONTRACTOR REGISTRATION RENEWAL

In order for Contractors to obtain permits from the City of Lauderdale Lakes, they must register with us by submitting the following requirements in a valid and current state:

All Contractors Must Submit:

a) INSURANCE CERTIFICATES SHOWING THE CITY OF LAUDERDALE LAKES AS THE CERTIFICATE HOLDER.
   (1) Liability Insurance, and
   (2) Workmen’s Compensation Insurance or, if worker’s compensation exempt, a copy of the approved Worker’s Compensation Exemption from the Florida Department of Labor.

b) COPIES OF CURRENT LICENSES
   (1) State Certified License, or
   (2) State Registration and Broward County Competency License for the type of work being permitted.

c) BROWARD COUNTY OCCUPATIONAL LICENSE

d) COPY OF QUALIFIER’S DRIVER’S LICENSE

All permit applications require the qualifier’s original notarized signature.

All information must be current for permit issuance.

______________________________________________
Sworn to and subscribed before me this ________ day of _______________, 2012
______________________________________________
Notary Signature

[ ] Personally known to me or [ ] Produced identification, type: ________________________________

Revised 8/30/17
AUTHORIZATION FOR PERMIT PICK-UP

Date: __________________________

I, __________________________________, as qualifier for _______________________________,
Located at ________________________________________________________________
hereby designate the following person(s) to pick up permits on my behalf:

<table>
<thead>
<tr>
<th>Print Name of Designated Person</th>
<th>Signature of Designated Person</th>
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☐ ________ (If marked and initialed) this authorization shall be valid until September 30th of each fiscal year, unless earlier revoked by me in written notice to the City of Lauderdale Lakes.

<table>
<thead>
<tr>
<th>Print Name of Qualifier</th>
<th>Signature of Qualifier</th>
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STATE OF ___________________, COUNTY OF ________________________________
The foregoing instrument was Sworn to and subscribed before me this _______ day
of _____________, 2012, who is personally known to me or who has produced
___________________________________________ as identification

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<th>Print Name of Notary</th>
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My Commission Expires

NOTE; A VALID PICTURE ID WITH A SIGNATURE WILL BE REQUIRED FROM EACH DESIGNATED PERSON