



Contractor Registration Form

Company Information

Company Name: _____

DBA / Trade Name: _____

Business Address: _____

City: _____ **State:** _____ **ZIP:** _____

Business Phone: _____

Business Email: _____

Contractor License Number: _____

License Type: _____

Primary Contact

Contact Name: _____

Title / Position: _____

Phone: _____

Email: _____

Please attach applicable documents:

☐ **Contractor State License/ Certification**

☐ **Local Business Tax Receipt (BTR)**

☐ **Certificate of Insurance** - Please list the certificate holder as Town of Dundee Building Department. The address is P.O. Box 1000, Dundee FL 33838.

☐ **General Liability**

☐ **Workers' Compensation or Exemption**

☐ **Authorization Form**

I certify that the information provided in this registration form is true, complete, and accurate to the best of my knowledge. I authorize the reviewing organization to verify the information provided, including licenses, insurance, references, and other qualifications.

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____