

Contractor Registration For work performed in the City of Orlando

Contractors obtaining permits for work being performed in the City of Orlando must be registered with the Permitting Services Division. All required licenses, certifications, insurance, bonds and contact information must be current to conduct business (Ex. apply and obtain permits, inspections and certificates of occupancy). It is the contractor's responsibility to provide proof of renewal at the contractor's convenience, prior to expiration. Items may be submitted by fax, mail or in person. The attached Contractor Registration Form may be used to provide new or changed information.

The following is required for registration:

State Certified Contractors and Limited Specialty Contractors please submit:

- A copy of the current business tax receipt from the Florida city or county where the contractor's business is located. Contact your local city or county for more information. If you are from out of state and do not have a business license from a Florida local government, you may purchase one from the City of Orlando. Call 407.246.2204.
- A copy of the contractor's state certification from the Florida Department of Business and Professional regulation (DBPR). Call DBPR at 850.487.2252.
- A copy of your current proof of Workers' Compensation insurance or exemption. The City of Orlando must be shown as a certificate holder on the Workers Compensation Certificate. For more information call 407.245.0896 or visit their offices at 400 West Robinson Street, Room #512 North Tower, Orlando, FL 32801.

State Registered Contractors and Limited Specialty Contractors please submit:

- A copy of the current business tax receipt from the Florida city or county where the contractor's business is located. Contact your local city or county for more information. If you are from out of state and do not have a business license from a Florida local government, you may purchase one from the City of Orlando. Call 407.246.2204.
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- An original surety bond or continuation certificate. A surety bond may be from any insurance company. For state regulated contractors, the surety bond must be in an amount of at least \$5,000. For specialty contractors not regulated by the state, the surety bond must be in an amount of at least \$1,000.

Keeping Your Registration Current

Contractor registration expires when any of the required items expire. For example, business tax receipts expire September 30th of each year. To keep your registration current, please provide the renewed or updated items.

There is no deadline for "renewing" your contractor registration. You may update your registration at your convenience; however, all required items must be current to conduct business in the City of Orlando (Ex. apply for or obtain permits, inspections and certificates of occupancy).

Power of Attorney

If you wish to authorize others to obtain permits under your name, please submit a Special Power of Attorney form. Power of Attorney forms do not expire. If you have changes to your Special Power of Attorney, please submit a new form. Special Power of Attorney forms are available at our office and on our web site.



Contractor Registration Form

*To submit digitally, please email this form to permittingservices@cityoforlando.net

Date:								
Related Permit #, Job Sit	e Address or F	Project Name (i						
			Contrac					
Name:						New		Update
Address:								
City:		_ State:	Zip: _					
Company Name:								
Primary Phone #:		Altern	ate Phone	e #:	Fax #: _			
E-mail:								
License/Insurance/ I	Business Ta	x Receipt /B	Sond Infor	nation*				
	Issued By	Туре		License/Policy #		Expir	atio	n Date
Contractor License								
Insurance								
Business Tax Receipt								
Bond				Amt:				
		Contra	ctor Com	pany Name				
Company Name:						New		Update
Address:								•
City:		State:						
Primary Phone #:		Altern	ate Phone	e #:	Fax #:			
E-mail:								
Insurance/ Business		t /Bond Info	ormation*					
	Issued By	Туре		License/Policy #		Expir	atio	n Date
Insurance								
Business Tax Receipt								
Bond				Amt:			_	
	Oth or (~ }					
Nama						Nau	-	l lu data
Name:						New	4	Update
Address:		State:	Zip:					
City:			z ıp:					
Company Name:		Alterre		щ.	F ax #-			
Primary Phone #:				e #:	Fax #: _			
E-mail:								
Insurance/ Business			ormation* (
	Issued By	Туре		License/Policy #		Expir	atio	n Date
Insurance								
Business Tax Receipt								
Bond				Amt:				
*Copies of current licens	e(s), certificati	on(s), certifica	te(s) of insu	rance, competency card	d and/or origina	l contr	acto	r surety

bond (if applicable) must be provided or be on file with the Office of Permitting Services.