

PRIVATE PROVIDER REGISTRATION

PRIVATE PROVIDER REGISTRATION CHECKLIST

Collier County requires a one-time registration with Contractor Licensing for all Private Providers before commencing work. Private Providers are responsible for keeping registration records current.

Note: If the notice applies to either private plan review or private inspection services, the Building Official may require, at his or her discretion, the private provider is used for both services pursuant to Section 553.791(2) Florida Statute.

- Private Provider Registration Form**
- Copy of State License** issued by the DBPR under F.S. 471 as a Professional Engineer, F.S. 481 as an Architect, or F.S. 468 as a Standard Building Code Administrator and Standard Inspector for inspections only on residential additions or alterations (of 1000 square feet or less), F.S. 553.971(i).
- Certificate of General Liability Insurance** (minimum requirements for your category) showing Certificate Holder as Collier County Contractor Licensing Board, 2800 N Horseshoe Dr., Naples, FL 34104.
- Workmen's Compensation Insurance** showing Collier County Contractor Licensing Board as the Certificate Holder and/or a copy of Workers' Comp Exemption filed with the State. **NOTE:** Qualifier(s)/License Holder(s) are required to be listed on the policy as "Included" or "Excluded".
- Private Provider Resume**
- Duly Authorized Representatives Employment Affidavit**, signed and notarized, with their resumes and State Licenses issued by the DBPR for Plan Examiners and/or Inspectors that will be performing the plan review or inspections as authorized representatives.
- Copy of Driver's License** for Private Provider and Duly Authorized Employees.



2800 N. Horseshoe Dr.
Naples, FL 34104
Phone - 239-252-2431
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License Holder: _____
Last Name First Name MI

Name of Company: _____

Mailing Address: _____
Street City State Zip

Phones:
Business: _____ Cell: _____ Fax: _____

Physical Address (if different from mailing address):

Street City State Zip

E-mail Address: _____

State License #: _____ **COA #:** _____

License Holder's Signature License Holder Printed Name

You can submit this in person, by fax, or email: Contractorslicensing@colliercountyfl.gov.

If you have any questions, please contact Contractor Licensing:

MAIN #: (239) 252-2431
FAX #: (239) 252-2469