



Public Works and Environmental Services Department
BUILDING CODE DIVISION | BUILDING PERMITTING

2307 West Broward Boulevard, Suite #300 • Fort Lauderdale, Florida 33312 • 954-765-4400 • Broward.org/Building

PRIVATE PROVIDER REGISTRATION

Florida Statute [553.791\(15\)\(b\)](#)

Broward County Building Code Division holds building permitting jurisdiction for properties in Broward Municipal Services District (Unincorporated Broward County).

If you intend to pull permits in another Broward County municipality, please contact the municipality for their requirements.

Supporting Documentation

The following supporting documentation to this registration form:

1. Copy of current Qualifiers' Florida License(s) for the business entity
2. Copy of Qualifiers' Florida license(s) for all Private Providers Duly Authorized Representatives (DAR)
3. Copy of the Business Entity's Occupational License (Business Tax Receipt)
4. Copy of Qualifier's Driver License for each Duly Authorized Representative (DAR)
5. Certificate of Insurance for Professional Liability. The professional liability must cover all services performed as a Private Provider. Before providing building code inspection services within the Building Official's jurisdiction, a Private Provider must provide a Certificate of Insurance evidencing that the coverages required under [Florida Statute 553.491\(18\)](#).

Certificates of Insurance



Each certificate must be referenced as a certificate holder:

*Broward County Building Code Division
2307 West Broward Boulevard, Suite 300
Fort Lauderdale, Florida 33312*

IMPORTANT: The Private Provider performing the inspection(s) must submit the inspection results(s) on signed company letterhead by the Inspector to building@broward.org within four (4) days of performing the inspection.



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PRIVATE PROVIDER REGISTRATION

Private Provider Registration Details			
Name of Private Provider Firm			
Private Provider Business Address	City	State	Zip
Telephone Number	Email:		
Private Provider License Number:	Federal Employer Identification Number (FEIN):		
Private Provider Qualifier Registration Details			
Private Provider Qualifier Name	Qualifier License No:		
Driver License No:	Email:		
Home Address	City	State	Zip
Telephone Number	Alternate Telephone Number		

 Qualifier's Signature

 Date

SWORN AND SUBSCRIBED before me by _____ being personally known to me () or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____ Print Name: _____ Date: _____

Notary Public: NOTARY PUBLIC STAMP BELOW My Commission Expires: _____

Please return this form and all supporting documentation to Broward County Building Code Division address on page 1 email to building@broward.org.