



CITY OF STUART, FLORIDA
BUILDING DIVISION

CONTRACTOR REGISTRATION/COMPETENCY APPLICATION

Application must be typed or printed legibly in ink. Complete all relevant fields.

QUALIFIER'S NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE/FAX: _____ EMAIL: _____

LOCAL COMPETENCY #: _____ TYPE OF CONTRACTOR: _____

PLEASE SUBMIT THE FOLLOWING DOCUMENTS TOGETHER WITH THIS APPLICATION:

- Current copy of General Liability & Workers Compensation (or exempt card)
- Current copy of State License

Contractor's Signature

Date

STATE OF FLORIDA, COUNTY OF MARTIN Sworn to and subscribed before me this _____ day of _____.

_____ who is personally known to me or produced _____

as identification and who did/did not take an oath.

Notary Public, State of Florida

Seal:

NO FEE

- If competency card is from any jurisdiction other than Martin County, a letter of reciprocity will be required. Please note that we do not reciprocate with Broward or Dade County.