



West Melbourne | Building Department  
 2240 Minton Road | West Melbourne, FL 32904  
 Tel: 321-837-7776 | Fax: 321-952-9542  
 Www.westmelbourne.org

**Contractor Registration  
 Form**

Please select one:  New Registration  Update Information

I hereby acknowledge that I, \_\_\_\_\_  
 (Name of Qualifier)

The qualifier for the company \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Qualifier Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For proper registration, you shall provide all updated information that apply to your contractor's qualifications. Incomplete and missing information will delay the registration process, and as a result no applications for permit will be properly processed.

Certified Contractor (State License) Trade: \_\_\_\_\_

Brevard County Contractor (Certificate of Competency) Trade: \_\_\_\_\_

Business Tax Receipt (Former Occupational License)

Liability Insurance (City of West Melbourne as certificate holder).

Workman's Compensation (City of West Melbourne as certificate holder) or Florida's Exemption

Name of Authorized Person to submit and pick up permit applications:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\* PLEASE EMAIL THIS FORM ALONG WITH STATE LICENSE, CERTIFICATE OF COMPETENCY AND BUSINESS TAX RECEIPT TO [BUILDINGPERMITS@WESTMELBOURNE.ORG](mailto:BUILDINGPERMITS@WESTMELBOURNE.ORG)**

**\*\* NOTE THAT PRIOR TO ISSUANCE OF ANY PERMIT(S), YOU WILL NEED TO OBTAIN LIABILITY INSURANCE AND WORKMANS' COMPENSATION OR FLORIDA'S EXEMPTION.**

**\*\* IF A SUB-CONTRACTOR IS BEING USED, THEY WILL NEED TO FILL OUT THE SUB-CONTRACTOR REGISTRATION FORM AS WELL AND BE SUBMITTED WITH THE ABOVE PAPERWORK.**