



VILLAGE OF PINECREST
Building & Planning Department

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Village of Pinecrest Contractor Registration and Verification Form

- Copy of your Florida Contractors License
- Copy of your Local Business Tax
- Copy of your Certificate of General Liability Insurance
- Copy of your certificate of Workers Compensation Insurance or Exemption
- Copy of your Driver License

Contractor and Registrar Information

| | | | |
|------------------------------|----------------------|----------------|----------|
| State of Florida License No. | Expiration Date | Trade Category | |
| Qualifier Last Name | Qualifier First Name | Middle Initial | |
| Business Name | | | |
| Business Address | City | State | Zip Code |
| Business Phone | Mobile Phone | | |
| Driver's License No. | Email | | |
| Other License No. (optional) | Expiration Date | Trade Category | |
| Other License No. (optional) | Expiration Date | Trade Category | |

To register and update your licenses please email: RENEWALS@PINECREST-FL.GOV

Please select a pin/password for your portal – your pin has to be **4 digits** and cannot start with 0.

PIN/PASSWORD: _____

Signature of Qualifying Agent

STATE OF FLORIDA, COUNTY OF MIAMI-DADE COUNTY

Sworn to and subscribed before me that this is a true statement this _____ day of _____ 20 ____ My

Commission Expires _____

NOTARY PUBLIC _____

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