



## PRIVATE PROVIDER REGISTRATION

### PRIVATE PROVIDER REGISTRATION CHECKLIST

The City of Cape Coral requires a one-time registration 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.*

1. Private Provider Registration form
2. Private Provider Resume and copies of all Florida DBPR licenses under 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. 553.791(i).
3. All Duly Authorized Representatives' Resumes & Employment Affidavits Opens in new window, signed & notarized. Also, copies of all Florida DBPR licenses of Standard Plan Examiners & Standard Inspectors that are performing inspections or plan review as authorized
4. Private Provider's Certificate of Insurance for general liability & professional insurance meeting State of Florida requirements listed as the certificate holder, including 5 years of tail coverage for claims made on policies, per S. 553.791(16).
5. Workers Compensation Insurance and/or a copy of Workers Compensation Exemption filed with the State. NOTE: Qualifier(s)/License Holder(s) are required to be listed on the policy as "Included" or "Excluded".
6. Copy of Driver's License for Private Provider and Duly Authorized Employees.



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**Principal 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 #: \_\_\_\_\_

\_\_\_\_\_  
Principal License Holder's Signature

\_\_\_\_\_  
Principal License Holder Printed Name

**You can submit this in person or by email: [Licensing@capecoral.gov](mailto:Licensing@capecoral.gov).**