PRIVATE PROVIDER REGISTRATION

228 S Massachusetts Ave
Lakeland, FL 33801
(863) 834-6012
www.lakelandgov.net

ALL PRIVATE PROVIDERS MUST BE PROPERLY REGISTERED WITH THE CITY OF LAKELAND PRIOR TO BEING ADDED TO A PERMIT OR COMMENCING ANY WORK.

NAME OF COMPANY	
MAILING ADDRESS	
BUSINESS PHONE NUMBER	
CELL PHONE NUMBER	
EMAIL ADDRESS	

LICENSE HOLDER NAME	
LICENSE NUMBER	

_____

SIGNATURE OF LICENSE HOLDER / QUALIFIER

_____

PRINTED NAME OF LICENSE HOLDER / QUALIFIER

_____

DATE

COMPLETED REGISTRATION FORM ALONG WITH DOCUMENTS LISTED BELOW SHOULD BE COMBINED INTO A SINGLE .PDF FILE AND EMAILED AS AN ATTACHMENT TO BUILDINGINSPECTION@LAKELANDGOV.NET.

- **CERTIFICATE OF INSURANCE SHOWING ACTIVE LIABILITY INSURANCE COVERAGE**
- **DULY AUTHORIZED REPRESENTATIVE (DAR) AFFIDAVIT**
- **COPY OF STATE LICENSES FOR EACH PERSON LISTED ON THE DAR AFFIDAVIT**