Need Help?

GMCD Public Portal

Private Provider Forms

Private Provider – Registration Form

Submit to: Contractorslicensing@colliercountyfl.gov

Collier County requires a one-time registration with Contractor Licensing for all Private Providers before commencing work. Private Providers are responsible for keeping registration records current.

PRIVATE PROVIDER REGISTRATION CHECKLIST

Private Provider Registration Form
Copy of State License issued by the DBPR under F.S. 471 as a Professional Engineer, F.S. 481 as an Architect, or F.S. 468 as a Standard Building Code Administrator, or for a Standard Inspector, for inspections only, on residential additions or alterations (of 1000 square feet or less), F.S. 553.971(1)(n).
Certificate of General Liability Insurance (minimum requirements for your category) showing Certificate Holder as Collier County Contractor Licensing Board, 2800 N Horseshoe Dr., Naples, FL 34104.
Workmen's Compensation Insurance showing Collier County Contractor Licensing Board as the Certificate Holder and/or a copy of Workers' Comp Exemption filed with the State. NOTE: Qualifier(s)/License Holder(s) are required to be listed on the policy as "Included" or "Excluded".
Private Provider Resume(s)
Duly Authorized Representatives Employment Affidavit , signed and notarized, with their resumes and State Licenses issued by the DBPR for Plan Examiners and/or Inspectors that will be performing the plan review or inspections as authorized representatives.
Copy of Driver's License for Private Provider and Duly Authorized Employees.

Section 553.791(17) of the Florida Statutes requires minimum insurance coverage for professional liability covering all services performed as a private provider.

A private provider may perform building code inspection services on a building project under this section only if the private provider maintains insurance for professional liability covering all services performed as a private provider. Such insurance shall have minimum policy limits of \$1 million per occurrence and \$2 million in the aggregate for any project with a construction cost of \$5 million or less and \$2 million per occurrence and \$4 million in the aggregate for any project with a construction cost of over \$5 million. Nothing in this section limits the ability of a fee owner to require additional insurance or higher policy limits. For these purposes, the term "construction cost" means the total cost of building construction as stated in the building permit application. If the private provider chooses to secure claims-made coverage to fulfill this requirement, the private provider must also maintain coverage for a minimum of 5 years subsequent to the performance of building code inspection services. The insurance required under this subsection shall be written only by insurers authorized to do business in this state with a minimum A.M. Best's rating of A. Before providing building code inspection services within a local building official's jurisdiction, a private provider must provide to the local building official a certificate of insurance evidencing that the coverages required under this subsection are in force.



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License Holder			MI																
Name of Comp	any:																		
Mailing Addres	SS:	eet							C	ity				State			ZIP		
Phone: Business:																			
Physical Addre	ess:	eet								ity				State			ZIP		
Email Address																	211		
State License #	# :								Regi	stry	#: <u></u>								
FOR ARCHITECT	rs and I	PE O	NLY	Qual	ified	trade	es:												
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		Inspector Licenses						Plan Examiner Licenses						Other Professional Licenses					
Employee Name		Building	Electrical	Mechanical	Plumbing	Residential	Coastal Construction	Building	Electrical	Mechanical	Plumbing	Residential	Building Code Administrator	Special Inspector	Professional Engineer	Architect	Fire Safety Inspector	Fire Safety Plan Reviewer	Certified Welding
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NOTE: If the private pr on RESTRICTED stat documents, in addition	tus and wi	ill be i	require	d to u	ıpload	all re	gistratio												
License H		License Holder Printed Name											Date						
Private Provider Re	gistration	8.1.20	024													F	Page 2	of 2	