



# State & Local License Registration & Permitting Portal Acknowledgement

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## Contractor Information

Qualifier name: \_\_\_\_\_

Business name: \_\_\_\_\_

State license #: \_\_\_\_\_ Collier Competency Card #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email address for automated email responses: \_\_\_\_\_

Business address: \_\_\_\_\_

**Because Marco Island permitting is electronic, a portal account is required.** Visit the Citizen Self Service portal now and register for your portal account: [Link to portal.](#)

**Acknowledgement:** By completing this form, I acknowledge that it is my responsibility to monitor my portal account and maintain the security of login credentials of my account. This includes changing the password periodically and notifying the city when an account needs to be removed.

I have registered the following email address(es): \_\_\_\_\_

## The following must be submitted, with this form.

- A copy of your State issued construction license or Collier County competency card.
- A Certificate of insurance indicating liability insurance coverage.
- A Certificate of insurance indicating Workman's Compensation coverage (if covered).
- If you are Workers Comp exempt and have no employees, including leased employees, you may submit a copy of your Workman's Compensation Exemption instead of the insurance certificate.
- Marine Contractors must also submit a Certificate of insurance indicating Long Shoremen and Harbor Worker's Act insurance coverage.

Named as certificate holder:

City of Marco Island Bldg Services  
1310 San Marco Rd Suite A  
Marco Island FL 34145

**Email complete packet to** [permitdesk@cityofmarcoisland.com](mailto:permitdesk@cityofmarcoisland.com)

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Print Name of Licensed Contractor

\_\_\_\_\_  
Signature of Licensed Contractor

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_, who is ☐ personally known to me, or ☐ has produced \_\_\_\_\_ as

identification, by means of ☐ physical presence or ☐ online notarization.

\_\_\_\_\_  
Signature, Notary Public – State of Florida

(Seal)

\_\_\_\_\_  
Printed, Typed, or Stamped Name of Notary