



Division of Building Safety
201 South Rosalind Avenue, 1st Floor
Post Office Box 2687
Orlando, Florida 32802-2687
p: 407-836-5550

www.ocfl.net/Building

Private Provider Registration Form

Firm Information

Firm Name:

Business Address:

City:

State:

Zip:

Email:

Phone:

Primary Contact

Contact Name:

Email:

Office:

Cell:

Qualifying Agent

Name:

Title:

Address:

City:

State:

Zip:

License Number:

Signature:

The following items must be included with this registration form:

- Copy of qualifying license of Florida Registered Architect (AR), Florida Professional Engineer (PE), Florida Licensed Standard Code Administrator (BU) or for limited scope of work Standard Building Inspector (BN)
- Certificate of general professional liability insurance per fs 553.791(18) coverage.
- Use the upload features on the following page or include documentation as attachments. Email completed form and documentation to PrivateProvider@ocfl.net.

Note: No fee is required for registering a private provider or private provider firm.



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License Upload

Upload a copy of the Private Provider's Florida license, registration, or certificate number. A screenprint from Department of Business & Professional Regulation is acceptable.

Proof of Insurance Upload

Upload a copy of the Private Provider's proof of insurance.