city of PALM COAST

Community Development Department
Building Services Division

160 Lake Avenue
Palm Coast, FL 32164
386-986-3780

PRIVATE PROVIDER / PRIVATE PROVIDER FIRM REGISTRATION

PROVIDER INFORMATION

Registration Type:
☐ Individual Private Provider
☐ Private Provider Firm

Individual / Firm Legal Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: _____

Email Address(es): _____

PROFESSIONAL LIABILITY INSURANCE

☐ Certificate of Insurance attached. (Insurance must comply with the requirements of Florida Statute §553.791(20))

THIS REGISTRATION FORM MUST BE ACCOMPANIED BY THE QUALIFIED INDIVIDUAL LICENSE/CERTIFICATION ATTACHMENT FORM.

REGISTRATION UPDATES
The Private Provider or Private Provider Firm is responsible for updating its registration within five business days following any change to contact information, licensure, or insurance coverage, as required by Florida Statute §553.791(4).