

Town of Shalimar
2 Cherokee Road
Shalimar, FL 32579
clerk@shalimarflorida.org
Office Phone: 850-651-5723
Fax Number: 850-651-3337



Please contact your insurance agent and have them fax us copies of your General Liability and Worker's Compensation with the Town of Shalimar as certificate holder.

APPLICATION FOR CONTRACTOR TRACKING CERTIFICATE (CTC)

COMPANY NAME _____

OWNER'S NAME _____

NATURE OF BUSINESS _____

PHYSICAL ADDRESS OF COMPANY _____

CITY, STATE, AND ZIP _____

WORK PHONE _____

MAILING ADDRESS OF COMPANY _____

CITY, STATE, AND ZIP _____

E-MAIL ADDRESS (IF APPLICABLE) _____

WEB ADDRESS (IF APPLICABLE) _____

**LIABILITY INSURANCE
EXPIRATION DATE** _____

**WORKMAN'S COMPENSATION
EXPIRATION DATE** _____

**STATE LICENSE EXPIRATION DATE
(IF APPLICABLE)** _____

**COUNTY LICENSE EXPIRATION
DATE (IF APPLICABLE)** _____

SIGNATURE OF APPLICANT

DATE

FOR OFFICIAL USE ONLY

CTC NUMBER

DATE OF ISSUE

SIGNATURE of ADMINISTRATIVE OFFICIAL

PRINTED NAME of ADMINISTRATIVE OFFICIAL