



Return Completed Application to:
Ekoroof, Limited
8004 NW 154th Street, Ste 236
Miami Lakes, FL 33016

Or scan & send via email to:
ekoroof@ekoroof.com

NEW CONTRACTOR REGISTRATION

(please print)

Company Information:

Legal Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State ZIP Years in Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_
(if different)

City State ZIP

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_ email: \_\_\_\_\_

Contractor License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Add'l State: \_\_\_\_\_

Primary Principal Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ email: \_\_\_\_\_

Roofing Types Serviced: [ ] Shingles [ ] Flat [ ] Clay/Concrete Tile [ ] Metal
[ ] Re-roof [ ] Repairs [ ] New Construction Only

Additional Contact Information (if applicable):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ email: \_\_\_\_\_

Insurance Information:

Workman's Comp Provider: \_\_\_\_\_ Expiration: \_\_\_\_\_

Primary Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_