



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: _____