



**City of Naples – Public Works Department**

295 Riverside Circle | Naples, Florida 34102

Phone: (239) 213-5000 Fax: (239) 213-5010

**REGISTRATION APPLICATION**

ORDINANCE 23-15180

New Application     Renewal

Existing Registrant No. \_\_\_\_\_

\_\_\_\_\_  
**Registrant's Name** (Company Name):

**Authorized Signer / Qualifier's Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Office: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Information** (must be available 24 hours a day / 7 days a week):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Office: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
**Registrant's Certificate of Authorization No.**

\_\_\_\_\_  
**Registrant's Federal Employer ID No.**

**Pass-Through Provider Statement(s)** (Choose One):

Registrant **IS** a pass-through provider in City of Naples as defined in Section 337.401(6)(a)1, F.S.

Registrant **IS NOT** a pass-through provider in City of Naples as defined in Section 337.401(6)(a)1, F.S.

**Required Documentation** (please attach):

- o Evidence of insurance coverage(s), as required under Ordinance 23-15180;
- o Insurance (Certificate of Insurance Naming the City as an additional insured).
- o Certificate of authorization, issued by FCC, or Florida Public Services Commission, Florida Department of State, showing authorization to provide communication services

\*Please submit one (1) original and two (2) hard copies AND one (1) electronic copy of application and supporting documentation

**A copy of the approved Ordinance is available at**

[https://library.municode.com/fl/naples/codes/code\\_of\\_ordinances?nodetd=PTIIC](https://library.municode.com/fl/naples/codes/code_of_ordinances?nodetd=PTIIC)

[OOR APXDAEDEST](#)

**I hereby acknowledge that I have reviewed it in its entirety.**

\_\_\_\_\_  
Signature of Registrant's Qualifier

\_\_\_\_\_  
Printed Name of Registrant's Qualifier

\_\_\_\_\_  
Date Signed