



Florida Department of Environmental Protection

Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Rick Scott
Governor

Carlos Lopez-Cantera
Lt. Governor

Noah Valenstein
Secretary

PETROLEUM RESTORATION PROGRAM CONTRACTOR QUALIFICATION FORM

Contractor Name: _____ F.E.I.D. No.: _____

Contractor Address: _____

Contact Name/Title: _____

Contact E-Mail: _____ Contact Phone: _____

The above contractor hereby certifies to the Florida Department of Environmental Protection (DEP) that it meets the following requirements for contractors participating in the Petroleum Restoration Program pursuant to Rule 62-772.300, Florida Administrative Code:

1. Maintains all applicable certifications and professional licenses required by law (*provide valid business certificate of authorization to practice professional geology and professional engineering or a copy of an executed contract with a another firm and their valid business certificate of authorization and valid professional liability insurance certificate, confirm registration with Dept. of State, confirm registration with My Florida Marketplace*). Yes No
2. Complies with all applicable OSHA regulations. Yes No
3. Maintains Workers' Compensation Insurance for all employees (*provide valid insurance certificate or documentation of exemption from Chapter 440, Florida Statutes,(F.S.)*). Yes No
4. Maintains Comprehensive General Liability Insurance with minimum limits of at least \$1 Million per occurrence and \$1 Million annual aggregate for each and has named the State as an additional insured (*provide valid insurance certificate*). Yes No
5. Maintains Comprehensive Automobile Liability Insurance with minimum limits of at least \$1 Million per occurrence and \$1 Million annual aggregate for each and has named the State as an additional insured (*provide valid insurance certificate*). Yes No
6. Maintains Professional Liability Insurance with minimum limits of at least \$1 Million per occurrence and \$1 Million annual aggregate (*provide valid insurance certificate*). Yes No
7. Has the capacity to perform or directly supervise the majority of work at a site in accordance with Section 489.113(9), Florida Statutes. Yes No

Print Name/Title of Company Officer

Certified By (Signature)

Date

This form will be kept on file by the DEP. Contractors must immediately notify the DEP of any change in the above criteria. The DEP may order a suspension or cessation of work for failure of a contractor to maintain their required qualification. Please return this form to the Petroleum Restoration Program, Attn.: Contractor Qualification Coordinator, Mail Station 4575, at the letterhead address or via email to DWM.PRP.Contractor.Recommendations@dep.state.fl.us