



Authorized/ Licensed Vendor Questionnaire

Please complete the following questionnaire and email it to watersmart.DOHbroward@flhealth.gov. Once the completed questionnaire is received, you will be contacted to discuss the next course of action. Should you have any questions or concerns, please feel free to contact the drowning prevention program at the Florida Department of Health in Broward county.

Company Contact Information

Business/Organization Name
Website
Address 1 Address 2
City State Zip Code County
Primary Contact Name
Primary Contact Title
Primary Phone Ext. Mobile Phone
Email
Use the same address for billing? [ ] Yes [ ] No

Billing Contact Information

Billing Name
Billing Title
Primary Phone Ext. Mobile Phone
Email
Billing Address 1 Billing Address 2
Billing City State Zip Code

Training Information

Who do you plan on training? [ ] Lifeguard [ ] Water Safety Instructor
Number of Training Sites
Please list training sites

Authorized Signatory

Print Name
Signature Date
Primary Phone Ext. Mobile Phone
Email

Office Use Only

Approved [ ] Rejected [ ]

Comments:

Program Director Signature