



# MIAMI-DADE COUNTY 2023 ANNUAL LOBBYIST REGISTRATION

Section 2-11.1(s) - Code of Miami-Dade County, Florida

Please Type or Print in Ink

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mr/Ms Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mi. \_\_\_\_\_

Business/Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note:** It is the responsibility of the lobbyist to notify the Clerk of the Board of County Commissioners of any changes in address.

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Please indicate if you are representing a  Not-for-Profit Agency or  if you are the principal of, and are only appearing as a representative of one of the following groups without special compensation or reimbursement for the appearance, whether direct, indirect or contingent, pursuant to Section 2-11.1 (s) 3(b) and 4 of the Code of Miami-Dade County (Please check applicable group):  
 Certified Level 1 C.S.B.E  Certified Micro Enterprise  Certified Tier I Community Business Enterprise  
 Corporation, Partnership or other Entity

## OATH

I do solemnly swear that all facts contained on this Annual Lobbyist Registration form are true and correct; and that I have read and am familiar with the provisions contained in Section 2-11.1(s) of the Code of Miami-Dade County.

\_\_\_\_\_  
Signature of Lobbyist

State of \_\_\_\_\_, County of \_\_\_\_\_  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. By \_\_\_\_\_  
who is personally known \_\_\_\_\_ or produced identification \_\_\_\_\_.  
Type of Identification Produced \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_ at Large  
My commission expires:

(Notary Seal)

\_\_\_\_\_  
Deputy Clerk

### **ETHICS TRAINING REQUIREMENT**

**Section 2-11.1(s)(2)(d) of the Code requires each lobbyist to take an ethics course approved by the Ethics Commission and submit a certificate of completion to the Clerk of the Board within 60 days after registration.**

### **Has Ethics Training Been Completed?**

**(Please Circle) Y / N**

**If Yes, Date of Completion** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### For Office Use Only:

Annual Registration Fee: **\$490.00 effective through 12/31/2023**  
Data Entry Date \_\_\_\_\_, 20\_\_\_\_.

Fee Paid: [ ] Yes [ ] No [ ] Cash [ ] Check # \_\_\_\_\_ [ ] Visa [ ] Master Card  
Entered By \_\_\_\_\_ [ ] American Express  
Receipt No. \_\_\_\_\_ (Form Revision Date: 11/30/2022)

