



**DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)**  
**Municipal User Registration Form**

Welcome,

Miami-Dade County is providing municipalities with the ability to submit plans electronically from remote locations for electronic review by County plans examiners. The solution is designed to provide remote access with little or no investment from the Municipality. Here is what you need to get started:

1. Digitized plans must be in PDF format for processing. Please note documents submitted in PDF format requiring signatures must comply with Florida statutes.
2. An internet browser.
3. Provide a group email to Miami-Dade County to which we will send plan status emails.
4. Firewall rules allowing internet access to the links on <https://bldgadmin.miamidade.gov/mpr/mpr.asp> and subordinate links on this page. It is suggested you download the [MPR Cheat Sheet](#) and [Quick Reference Guide - Municipal Plan Reviews](#) document located on this page.
5. User id and password access is needed. You must complete the user registration form (below) and return to [ITD-MUNITEAM@miamidade.gov](mailto:ITD-MUNITEAM@miamidade.gov) for processing.
6. Training on using the Miami-Dade County permitting application and document upload program.
7. Email (ITD) Municipal Team [ITD-MUNITEAM@miamidade.gov](mailto:ITD-MUNITEAM@miamidade.gov) for more information and request for support. Please provide a brief request description in the subject line.

Regards,

Miami Dade County Municipal Team

[ITD-MUNITEAM@miamidade.gov](mailto:ITD-MUNITEAM@miamidade.gov)

<http://www.miamidade.gov/>

"Delivering Excellence Every Day"



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Municipal User Registration Form

**CENTRAL REGISTRATION SYSTEM (CRS) INFORMATION:**

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

New County Hired Employee:

User ID = \_\_\_\_\_

Employee ID: N/A

Password Reset Code: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Social Security No.: N/A

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

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Dept.: 943 RER Division: \_\_\_\_\_ Section: \_\_\_\_\_

**BNZ MAINFRAME INFORMATION:**

**User Identification Table:**

Section: M STA: \_\_\_\_\_ Municipality (Division): MU \_\_\_\_\_ (enter 2 digit municipal code)  
CLASS( Indicate as needed): N/A

**Function Security Table:**

Screen Access: AMUNAPPL, MMUNAPPL, ARVMUNAP, MRVMUNAP, ATRACKNO, MTRACKNO

CPP Municipal Access Only: Yes

\*\*\* After Supervisor's signature, return to Security Office for processing \*\*\*

Supervisor's Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Division Director: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Information and Permit

Support Division Director: DONNA ROMITO Signature \_\_\_\_\_ Date \_\_\_\_\_

\* This section is to be completed by RER's Security Office

- Check File for previous access Y: \_\_\_\_\_ Initials: \_\_\_\_\_
- Previous Access Forms on file?

☐ YES: Indicate previous USER ID: \_\_\_\_\_ (This will be the USER ID to be granted)

☐ NO record of previous access

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

1<sup>st</sup> Time Log-on done by: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_