

LICENSE ADMINISTRATION

Contractor Name: _____

Company Name: _____

License Type: _____ Number: _____

Address: _____

Phone: _____ Alt. Phone: _____

Email Address: _____

Requirements for Certified Contractors:

1. Copy of your current State License (DBPR, State Fire Marshall, DACS-Bureau of LP, DHSMV, etc.).
2. Proof of worker's compensation coverage or an exemption certificate and proof of general liability.
3. Submit this form and all accompanying documents via fax, email, or in person to:

Fax: **407-665-7486** Email: BPCustomerservice@seminolecountyfl.gov

Requirements for Registered Contractors:

1. A letter from the Florida jurisdiction or testing agency **must be** sent directly to Seminole County by the testing agency to verify you have taken and passed the appropriate written exam(s) in the jurisdiction within the State of Florida where your license was issued (to include classification of license type and date passed).
2. Proof of worker's compensation coverage or an exemption certificate and proof of general liability.
3. Have you had disciplinary action in any Florida jurisdiction with-in the past twelve (12) months?

Yes

No

If yes, please list the jurisdiction and actions taken:

4. Registered Contractors must submit this form and insurance documentation **in person** to the Building Division.

Signature

Date