



HILLSBOROUGH COUNTY APPLICATION FOR STATE of FLORIDA CERTIFIED CONTRACTORS ONLY

FAXED APPLICATIONS WILL NOT BE ACCEPTED
ALL INFORMATION MUST BE TYPED OR CLEARLY PRINTED
ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED

This application, together with the following documents, must be submitted to register your State license:

1. Copy of current State License (Competency Card)
2. Copy of Driver's License
3. Original "Hillsborough County Code Compliance Bond" in the amount of \$5,000.
4. Copy of current Workers' Compensation Certificate, or copy of exemption thereof.
Certificate Holder must be shown as: Hillsborough County Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
P.O. Box 1110
Tampa, Florida 33601

5. License Maintenance Fee: \$70/yr - (Call 813 307-4561 or 635-7312 to verify fee amount)

The completed application package is to be submitted to the Hillsborough County Licensing Team for processing. It may be submitted in person or mailed to the above address. If sending by mail, payment may be by check, money order, or the Credit Card form. All applications will be reviewed by the Hillsborough County Contractor Licensing Team, and any questions regarding the material submitted must be resolved prior to issuance of a certificate.

Applicant (License Holder) Name (First, Middle Initial, Last, Suffix) _____

Date of Birth (m/d/y) _____

Social Security Number _____ **State License Number** _____

Company Name (if qualifying a company) _____ (_____) _____
Company Phone Number

Company Address _____ (_____) _____
Fax Number

 _____, _____
City _____ **State** _____ **Zip Code** _____

Home Address _____ (_____) _____
Home Phone Number

 _____, _____
City _____ **State** _____ **Zip Code** _____

E-Mail Address for Future Notifications

Signature of License Holder

NOTARY PUBLIC, STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____, day of _____, 20____

by _____
(Printed/Typed Name of License Holder making statement)

Affix Seal

(Signature of Notary)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification

My Commission expires: _____

(Type of Identification Produced)



CONTRACTOR'S CODE COMPLIANCE BOND INSTRUCTIONS & BLANK BOND

Attached is the bond form required of all contractors working in Hillsborough County. **Hillsborough County must receive the original signed & sealed bond** along with the registration/application package. Please insure your bonding company completes all lines correctly. Incorrect or faxed copies of the bond will not be accepted.

1. Upper Left: "Bond For" must state what classification of contractor the bond covers (i.e. Building, General, Mechanical, Electrical, Plumbing, Gas, Specialty (specific trade), Swimming Pools, Roofing, Irrigation, etc.). **NOTE: A separate bond is required for each license category/license held.**
2. The first blank space in Paragraph 1 must contain the **complete name of the "Principal"** (License Holder) if doing business as an individual, **or the license holder's name and company name if the contractor is qualifying a corporation or firm.** If the contractor holds a state license, the name on this bond must read the same as the state license. **BONDS WITH ONLY COMPANY NAMES WILL NOT BE ACCEPTED.**

EXAMPLE

John Doe
(as an individual)

Or

John Doe/Smith & Miller, Inc. or John Doe d/b/a Smith & Miller, Inc.
(as a contractor qualifying a company)

If the license holder qualifies a corporation or firm, the license holder must be an active officer of that corporation or firm, or must be its designated agent.

3. Only one (1) corporation or firm name is permitted.
4. The second blank space in Paragraph 1 names the Surety Company providing the bonding.
5. The first blank space in Paragraph 2 must contain the name as indicated in Item 2 above.
6. The "Principal" (license holder) must sign the bond. The name of license holder must be printed/typed on the line above signature line. **The "company" is not the license holder.**
7. **All bonds are "Continuous" until cancelled.** The Hillsborough County Licensing Team must receive all Notices of Cancellation no later than 15 days prior to the effective date of cancellation.
8. The Surety (bonding) Company is to notify, in writing, the Hillsborough County Code Compliance Team at (813) 635-7313 when any claim is made on any bond, whether paid on or not.
9. All bonds must contain the seal of the surety company and be signed by the Attorney-in-Fact for the surety company. A Power-of- Attorney for the individual signing on behalf of the surety company shall be attached to all bonds.

Please direct all correspondence/communication to:

**CONTRACTOR LICENSING TEAM
601 E. Kennedy Boulevard, 19th Floor
P.O. Box 1110
Tampa, Florida 33601**

Phone (813) 307-4561 or 635-7312 Fax: (813) 635-7367

HILLSBOROUGH COUNTY CONTRACTOR'S CODE COMPLIANCE BOND

ALL INFORMATION IS TO BE TYPED OR CLEARLY PRINTED

BOND FOR _____ CONTRACTOR BOND NUMBER _____
(Type of License Held)

INSURANCE AGENCY _____ PHONE NUMBER (_____) _____

KNOW ALL MEN BY THESE PRESENTS

That we, _____ *and
(License Holder's Name if Individual **or** License Holder's Name **and** Company Name if qualifying a Company)

(Name of Surety/Bonding Company Providing Bond)

a corporate authorized to do business in the State of Florida (hereafter called Surety), are held and firmly bound unto _____, Governor of the State of Florida, and his successors in office, in the penal sum of Five Thousand Dollars (\$5,000), the true payment whereof well and truly to be made we do bind ourselves, our respective heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by this bond.

DATED THIS _____ DAY OF _____, 20 _____

The condition of this bond is such that if the above bound Principal, the said * _____ shall protect all persons suffering any loss or damage occasioned by said Principal failing to comply with any of the provisions of any municipal or county code applicable to the work performed by said Principal or officer, employee or agent of said Principal, or under the direction and supervision of said Principal and shall, without additional cost to the person for whom any such work is performed, remedy all defects in said work due to faulty workmanship or material furnished or used by said Principal, and shall reconstruct any such defective work and will replace or make good any such defective material to the satisfaction of the inspector having jurisdiction of the class of work embraced in the Code applicable thereto, at any time within one (1) year after the performance of any such work by said Principal, his agents or employees, and within forty-eight (48) hours after notice from such inspector to reconstruct, replace or repair the same, then this obligation shall become null and void; otherwise to remain in full force and effect.

The failure or default on the part of the Principal in remedying any defects in such work due to faulty workmanship or incorrect construction or installation or due to faulty materials furnished or used by said Principal, shall give the person for whom such work is performed a right of action against the Principal and Surety under this obligation; provided, however, that no suit, action, or proceeding by reason of any default shall be brought on this bond after one (1) year from date of final completion of the work done by the Principal for any such person.

This bond shall be considered continuous until such time as notification of cancellation is furnished to the Hillsborough County Development Services Division, Construction Licensing Team. Cancellation must be received no less than 15 days prior to the cancellation effective date.

Printed/Typed License Holder's Name – not company name

Surety _____

License Holder's Signature

By _____

Attorney-in-Fact or Surety
(Affix Insurance Company Seal)



PERMIT AGENT AUTHORIZATION FORM

ALL INFORMATION IS TO BE TYPED OR LEGIBLY PRINTED

I, _____, _____,
(Contractor's Name) **NOT COMPANY NAME** (Contractor's License No.)

hereby authorize the following to act as my agent(s) in obtaining permits in Hillsborough County, Florida.

Name of Agent	Driver's License No.

This letter supercedes any previously submitted letter(s) of authorization.

This letter must contain only the people you want to pull permits in your name. To make changes to this letter, you must submit a new letter. This letter will delete and replace any previous authorization letter and the information contained thereon.

This authorization will remain in effect until cancelled in writing by the undersigned license holder.

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____, day of _____, 20_____

by _____
(Printed/Typed Name of License Holder Making Statement)

License Holder's Signature

NOTARY PUBLIC

(Signature of Notary)

(Name of Notary Typed, Printed, or Stamped)

My Commission expires: _____

Personally Known _____ OR Produced Identification

(Type of Identification Produced)

*Affix
Notary
Seal*



AUTHORIZATION FOR PAYMENT BY CREDIT CARD
Planning and Growth Management Department, Building Services Division

OFFICE USE ONLY	Permit No.	Total \$
	License No.	Fee \$
	LIC No.	Type:

PERMITS/LICENSING

Complete the following:

Job Site Address _____
City _____, Florida Zip Code _____

Type of Payment: _____ VISA _____ MasterCard _____ Discover _____ Am Express

Card Number: _____ Expiration Date _____

V Code: _____ (Last three digits on the back of the card)

Name (print or type) _____
(Name as it appears on the Credit Card and Name of Authorized Signer)

Card Billing Address _____
(Address used by Credit Card Company to mail billing statements)

City _____, State _____ Zip Code _____

Cardholder Signature _____

All information, including zip code, **must** be completed or your request will not be processed. A completed form and signature authorizes Hillsborough County staff to charge fees and/or payments for services or permits as applicable to the cardholder's credit card.

FOR YOUR CREDIT CARD SECURITY
FAX YOUR CREDIT CARD INFORMATION TO THE FOLLOWING
NUMBERS ONLY

PERMITTING FAX NUMBERS

Area Code (813)
County Center 274-6721 South County 672-7424

CONTRACTOR LICENSING FAX NUMBER

Contractor's License No. _____
(If licensed, include license number)
(813) 635-7367 (this number is only for faxing forms to Contractor Licensing)

From the desk of
David Kennedy, Program Coordinator
Hillsborough County Contractor Licensing
601 E. Kennedy Blvd., 19th Floor
P.O. Box 1110
Tampa, Florida 33601

Ph: (813) 635-7312 Fax: 635-7367
e-mail: kennedyd@hillsboroughcounty.org
Member of Construction Licensing Officials of Florida, Inc.



MEMORANDUM

SUBJ: **WORKERS' COMPENSATION &
LIABILITY INSURANCE CERTIFICATES**

Information Required for Processing above certificates of insurance

1. **Producer:** upper left corner of Accord 25 form must include the Insurance agency's:

Name
Address
Phone number
Fax number (optional)

2. **Certificate Holder:** lower left corner of Accord 25 form must read:

Hillsborough County Contractor Licensing
601 E. Kennedy Boulevard, 19th Floor
P.O. Box 1110
Tampa, Florida 33601

3. **Contractor's Name** (not company name) **and license number** must be shown in the **"Description of Operations"** box above the "Certificate Holder" box.

4. **Out of State Companies:** the following must be stated in the description box:

"Covers all employees in the State of Florida"