



# HILLSBOROUGH COUNTY REGISTRATION FOR STATE OF FLORIDA CERTIFIED CONTRACTORS ONLY

**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. Original or 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  
5701 E. Hillsborough Ave., Suite 2459  
Tampa, Florida 33610
5. License Fee (fees are \$20/yr: contact the Hillsborough County Contractor Licensing Team (813) 635-7308/09 for exact amount as licenses are normally issued for 2 years; however, depending on date of registering, license fee may be for 1 year)

The completed registration package is to be submitted to the Hillsborough County Licensing Team for processing. It may be submitted in person, mailed to the above address, or faxed to (813) 635-7367. If faxing, an "Authorization for Payment by Credit Card" form must be completed and sent with the application. 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 license.

\_\_\_\_\_ Applicant (License Holder) Name \_\_\_\_\_ Date of Birth (m/d/y) \_\_\_\_\_

\_\_\_\_\_ Social Security Number \_\_\_\_\_ State License Number \_\_\_\_\_

\_\_\_\_\_ Company Name (if qualifying a company) \_\_\_\_\_ (\_\_\_\_\_) Company Phone Number \_\_\_\_\_

\_\_\_\_\_ Company Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_, \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_ Home Address \_\_\_\_\_ (\_\_\_\_\_) Home Phone Number \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_, \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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

by \_\_\_\_\_  
(Name of Person making statement, Printed or Typed)

\_\_\_\_\_  
Signature of Applicant

*Affix Seal*

**NOTARY PUBLIC**

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(Name of Notary Typed, Printed, or Stamped)

My Commission expires: \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
(Type of Identification Produced)



## **CONTRACTOR'S CODE COMPLIANCE BOND** (INSTRUCTIONS AND BLANK BOND)

Attached is the bond form required of all contractors working in Hillsborough County. The bond must be correct in order to be accepted. Please insure your bonding company completes all lines.

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) 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/Individual

*Or*

John Doe/Smith & Miller, Inc.

If the certified person qualifies on behalf of a corporation or firm, the person 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 Insurance 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 and indicate his "Title" when qualifying as a corporation or firm.
7. **All bonds shall be "Continuous" until cancelled.** The Hillsborough County Licensing Section must receive all Notices of Cancellation no later than 15 days prior to the effective date of bond cancellation.
8. The Bonding Company is to notify, in writing, the Hillsborough County Building Code Compliance Team at (813) 635-7300 when any claim is made on any bond, whether paid on or not.
9. All bonds must contain the seal of the insurance company and be signed by the Attorney-in-Fact for the insurance company. The Insurance Company must attach a Power-of- Attorney to all bonds.

Please direct all correspondence/communication to:  
**Hillsborough County Development Services Division**  
**CONTRACTOR LICENSING TEAM**  
**5701 E. Hillsborough Avenue, Suite 2459**  
**Tampa, Florida 33610**

Phone (813) 635-7308/09

Fax: (813) 635-7367

# CONTRACTOR'S CODE COMPLIANCE BOND

ALL INFORMATION IS TO BE TYPED OR PRINTED

BOND FOR \_\_\_\_\_ CONTRACTOR BOND NUMBER \_\_\_\_\_  
(Type of License Held)

INSURANCE AGENT \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_

## KNOW ALL MEN BY THESE PRESENTS

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

\_\_\_\_\_  
(Name of Insurance 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 Principle 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 Principal License Holder's Name

Surety \_\_\_\_\_

\_\_\_\_\_  
Principal License Holder's Signature

By \_\_\_\_\_

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



# PERMIT AGENT AUTHORIZATION LETTER

ALL INFORMATION IS TO BE TYPED OR LEGIBLY PRINTED

I, \_\_\_\_\_, \_\_\_\_\_,  
(Contractor Name) (Contractor 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 is to remain in effect, unless cancelled in writing, by the undersigned.**

<p style="text-align: center;">_____  <b>Contractor's Signature</b></p>   <p style="text-align: center;"><i>Affix  Notary  Seal</i></p>	<p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____, day of _____, 20____</p> <p>by _____  <small>(Printed/Typed Name of License Holder Making Statement)</small></p> <p><b>NOTARY PUBLIC</b></p> <p>_____  <small>(Signature of Notary)</small></p> <p>_____  <small>(Name of Notary Typed, Printed, or Stamped)</small></p> <p>My Commission expires: _____</p> <p>Personally Known _____ OR Produced Identification _____</p> <p>_____  <small>(Type of Identification Produced)</small></p>
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**AUTHORIZATION FOR PAYMENT BY CREDIT CARD**  
**Planning and Growth Management Department, Development Services Division**

<b>OFFICE USE ONLY</b>	<b>Permit No.</b>	<b>Total \$</b>
	<b>License No.</b>	<b>Fee \$</b>

**PERMITS**

Complete the following:

**Job Site Address** \_\_\_\_\_  
**City** \_\_\_\_\_, **Florida** **Zip Code** \_\_\_\_\_

**Type of Payment:**      \_\_\_\_\_ VISA      \_\_\_\_\_ MasterCard      \_\_\_\_\_ Discover

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)

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 (Downtown) 276-2671**  
**Netpark 635-7365      Northwest Office 264-8551**  
**Plant City 757-3804      South County 672-7424**

**CONTRACTOR LICENSING FAX NUMBER**

**License No.** \_\_\_\_\_  
(If licensed, include license number)

**(813) 635-7367 (this number is only for faxing forms to Contractor Licensing)**