Renewal Instructions for State Registered (Local) Contractors

Local Specialty and State Registered (Certificate of Competency)

ITEMS NEEDED FOR RENEWAL:

1. Application – all fields required
2. Worker’s Compensation Certificate of Insurance* OR Worker’s Compensation EXEMPT
3. Copy of State Registered Contractor’s License (not required for Local Specialty)
4. Permit Agent Authorization form (optional)
5. Payment Form. Fee is $140 for a 2 year renewal. License cycle is **08/31/Odd Years**. Fee may vary if renewing in an even numbered year. Late fees will apply if not renewing on time. Email licensing@hcflgov.net for the exact amount due.
6. Email all items at one time to licensing@hcflgov.net

*Worker’s Compensation Certificates of Insurance should have Hillsborough County information in Certificate Holder Box. See Insurance Certificate Information page.

INACTIVE STATUS RENEWAL:

State Registered and Local Specialty Contractors may renew as inactive 1 renewal cycle only (2 years) without penalty. If a registration is not renewed at the end of that time, the license holder must apply for reinstatement and appear before the licensing Board. The Board may require retesting. If the license is not renewed for a period of **5 years or more**, the license becomes invalid and the individual must apply as a new applicant.

1. Application – all fields required
2. Payment Form. Inactive renewal fee is $140 for 2 years. License cycle is 08/31/Odd Years. Your fee may vary if you are renewing during an even numbered year. Late fees will apply if you are not renewing on time. Email licensing@hcflgov.net for the exact amount due for your license.
3. All fields are required to be filled in
4. Email all items at one time to licensing@hcflgov.net

For any questions, please email licensing@hcflgov.net or call Contractor Licensing 813-272-5600

Illegible, incomplete, or altered applications will not be accepted.

***Documents cannot be notarized by family members***
Renewal Application for State Registered (Local) Contractors

Local Specialty and State Registered (Certificate of Competency)

Applicant Information

Date: ______________________

I am applying for:

☐ Renewal
☐ Inactive status

Contractor’s License/Certificate of Competency #: ______________________

License Holder’s Name: ________________________________________________

Business Name: ______________________________________________________

Business Address: ____________________________________________________  
Street Number and Street Name

City: ______________________ State: ___________ Zip Code: ____________

Primary Phone Number: ______________________________

Primary Email Address: _______________________________________________

It is the responsibility of the license holder to ensure all of the above information is correct & current and to notify Contractor Licensing of any changes.

I attest to having a current GENERAL LIABILITY Certificate of Insurance.

I attest to having a current HILLSBOROUGH COUNTY CODE COMPLIANCE BOND.

I certify that I am empowered to execute this application and under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

License Holder/Agent Signature: ________________________________________
Insurance Certificate Information

1. **Producer**: upper left corner of Accord 25 form must include the

   **Insurance agency information:**
   
   Name
   Address
   Phone number

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

   Must include BOTH the physical address & the P.O. Box # as shown.

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”
Permit Agent Authorization

I, __________________________________________               __________________________________________

(License Holder’s Name NOT Company Name)               (Contractor’s License #)

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

__________________________________________               __________________________________________

__________________________________________               __________________________________________

__________________________________________               __________________________________________

__________________________________________               __________________________________________

__________________________________________               __________________________________________

__________________________________________               __________________________________________

Currently authorized agents will remain on file.

It is the responsibility of the License Holder to notify this office of agent removals.

License Holder’s Signature: ________________________________  Date: ________________________________

State of: ________________________________

County of: ________________________________

Before me, personally appeared, ________________________________________________________, who produced ______

_______________________________ as identification or is personally known to me, and who did affirm and subscribed before

me this ________day of _____________________, 20____.

__________________________________________

Signature of Notary Public

__________________________________________

Name of Notary Typed, printed or stamped

My Commission Expires: ________________________________
Authorization for Payment by Credit Card

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
<th>Permit No.</th>
<th>Total $</th>
<th>Appl. No.</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>License No.</td>
<td>Total $</td>
<td>Project ID</td>
<td>Total $</td>
<td></td>
</tr>
</tbody>
</table>

Complete the following:

Payment For:  
- [ ] Building Permit  
- [ ] Zoning Application  
- [ ] Natural Resources Permit  
- [ ] Contractor License  
- [ ] Site & Sub Application  
- [ ] Other ____________________________

Job Site Address ____________________________________________

City ____________________________________________, Florida Zip Code _______

Contact Person ____________________________________________ Phone __________________

Type of payment:  
- [ ] VISA  
- [ ] MasterCard  
- [ ] Discover  
- [ ] American 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

Card billing address ____________________________________________ Address used by credit card company to mail billing statements

City ____________________________ State __________________ Zip _______

Cardholder signature ____________________________________________

All information, including zip code, must be completed or your request will not be processed.

A copy of your application should also be included. 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 SECURITY PURPOSES, PLEASE FAX YOUR CREDIT CARD INFORMATION TO THE FOLLOWING FAX NUMBER ONLY

(813)274-6721

PLEASE DO NOT SEND CREDIT CARD INFORMATION VIA E-MAIL

If faxing payment form, you must inform Licensing when application is emailed

HCFLGov.net