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 FLORIDA COUNTY
OF HILLSBOROUGH

Affirmed and subscribed before me by means of □ physical presence or □ online notarization, this _____ day of
__________________________ , ____________, by __________________________.
(month) (year) (name of person acknowledging)

☐ Personally Known OR ☐ Produced Identification

________________________________________

Type of Identification Produced

________________________________________

(Signature of Notary Public - State of Florida)

________________________________________

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Notary Seal)

(Commission Number) (Expiration Date)
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>
<th>License No.</th>
<th>Total $</th>
<th>Project ID</th>
<th>Total $</th>
</tr>
</thead>
</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_______________________________

<table>
<thead>
<tr>
<th>Type of payment:</th>
<th>[ ] VISA</th>
<th>[ ] MasterCard</th>
<th>[ ] Discover</th>
<th>[ ] American Express</th>
</tr>
</thead>
</table>

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