



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_____.

*Affix Seal
or
Stamp*

Signature of Notary Public

Name of Notary Typed, printed or stamped

My Commission Expires: _____



Authorization for Payment by Credit Card

The Center for Development Services, Building & Construction Services

OFFICE USE ONLY

LIC reference #:

Fee \$

Complete the
following:

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 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 number.

Contractor Licensing 813-635-7367

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