



State Certified Contractor Registration and Renewal

ITEMS NEEDED:

1. Copy of State Certified Contractor's License
2. Worker's Compensation Certificate of Insurance* **OR** Worker's Compensation EXEMPT
3. Permit Agent Authorization form (**optional**)
4. All fields are required to be filled in.
5. Email all items at one time to licensing@hcflgov.net

*Certificates of Insurance should have Hillsborough County information in Certificate Holder Box.
See [Insurance Certificate Information](#) page.

Contractor Information

Contractor State Certified License #: _____

Contractor/License Holder Name: _____

Business Name: _____

Business Mailing Address: _____
Street Number and Street Name

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

Primary Contact Email: _____

It is the responsibility of the license holder to ensure all above information is correct, to maintain updated permit agent authorizations, and to notify Contractor Licensing of any changes.

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: _____

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



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: _____