

## LICENSE ADMINISTRATION

Contractor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

License Type: \_\_\_\_\_ Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Requirements for Certified Contractors:**

1. Copy of your current State License (DBPR, State Fire Marshall, DACS-Bureau of LP, DHSMV, etc.).
2. Proof of worker's compensation coverage or an exemption certificate and proof of general liability.
3. Submit this form and all accompanying documents via email, fax, or in person to:

*Fax: 407-665-7486, Email: [BPcustomerservice@seminolecountyfl.gov](mailto:BPcustomerservice@seminolecountyfl.gov), or drop-off in our office*

### **Requirements for Registered Contractors:**

1. A letter from the Florida jurisdiction or testing agency **must be** sent directly to Seminole County by the testing agency to verify you have taken and passed the appropriate written exam(s) in the jurisdiction within the State of Florida where your license was issued (to include classification of license type and date passed).
2. Proof of worker's compensation coverage or an exemption certificate and proof of general liability.
3. Have you had disciplinary action in any Florida jurisdiction with-in the past twelve (12) months?

Yes

No

If yes, please list the jurisdiction and actions taken:

\_\_\_\_\_  
\_\_\_\_\_

4. Submit this form and insurance documentation **in person** to the Building Division.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date