



Building Construction Services

Licensing Division

Licensing and Building Code Compliance

18400 Murdock Circle, Port Charlotte, FL 33948
Phone: (941) 743-1209 FAX: (941) 743-1220
www.charlottecountyfl.com

"To exceed expectations in the delivery of public services"

Print Form

STATE CERTIFIED CONTRACTOR REGISTRATION FORM

Please submit the following documents. All items must be included to process. Instruct your insurance company to fax Certificates of Insurance directly to Charlotte County (Fax: 941.764.4907) as well as to the qualifier and include documents with finished packet. Allow three business days for processing mailed documents.

1. Copy of current state license.
2. A Local Business Tax Receipt from qualifiers home county.
3. Current drivers license.
4. Certificate of Insurance for General Liability and Worker's Compensation or qualifiers exemption card.
Certificate must list Charlotte County as certificate holder.
5. Passport type photo.
6. Registration Fee (See Customer Service Representative for fee amount)

CERTIFICATE HOLDER'S NAME: _____

NAME OF BUSINESS: _____

CERTIFICATE CLASSIFICATION: _____

CERTIFICATE NUMBER: _____

FEDERAL I.D. NUMBER: _____ BIRTH DATE: _____

BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS: _____

HOME ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

CERTIFICATE HOLDER'S SIGNATURE: _____

(Power of Attorney not accepted)

STATE OF FLORIDA County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ who is personally known to me or has produced _____ as identification and who did/did not take an oath.

Identification Number & Expiration Date: _____

Notary's Printed Name _____ Signature of Notary _____

Commission Number _____

Notary Stamp