



## BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Development Services Bureau  
3300 N. Pace Blvd., Suite 300, Pensacola, FL 32505  
P.O. Box 17248  
Pensacola, FL 32522-7248  
(850) 595-3550 - Phone  
(850) 595-3512 - FAX  
www.myescambia.com

Contractor Licensing Fax No.:  
(850) 595-3401

### STATE CERTIFIED CONTRACTOR REGISTRATION

Please provide the following documents to the Competency Board so the Contractor's State License can be entered into our system.

1. Copy of state license (not the qualified business ("QB") license);
2. Copy of license holder's current driver's license;
3. Certificate of Insurance for general liability with Escambia County as the certificate holder (See attached sheet regarding insurance requirements);
4. Certificate of Insurance for Florida's Workers' Compensation with Escambia County as the certificate holder. If the Contractor is Workers' Comp exempt, please provide a copy of the exemption. If you have employees or leased employees, please provide a Certificate of Insurance, also.

A Letter of Authorization must be completed by the licensed Contractor **if** someone other than the Contractor will be obtaining permits and/or calling for inspections. **WE ARE UNABLE TO ACCEPT A POWER OF ATTORNEY.**

Certificates of Insurance requirements:

1. Certificates must be issued in the **exact name as the Contractor's license**. Certificates issued in names other than the state license cannot be used.
2. Contractors/businesses not domiciled in the State of Florida must have the Certificate of Insurance for Workers' Compensation Insurance submitted along with a Declaration page and/or information sheet, listing Florida under Section 3A.



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### **REGISTRATION FORM**

INFORMATION ON THIS SHEET SHOULD PERTAIN TO THE LICENSE HOLDER. THE FOLLOWING ITEMS MUST BE PRESENTED FOR COMPUTER REGISTRATION:

1. Contractor **must** provide copy of State license and all other required documentation.
2. Contractor's driver's license for identification purposes.
3. Certificate of Insurance for Workers' Comp and General Liability Insurances.

#### **PLEASE PRINT CLEARLY OR TYPE**

Contractor's Full Legal Name  
(no nickname) \_\_\_\_\_

Contractor's Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contractor's Company Name \_\_\_\_\_

Business Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Ph. \_\_\_\_\_ Business Ph. \_\_\_\_\_ Fax No. \_\_\_\_\_

Cell No.: \_\_\_\_\_ Other Contract No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License # & State Issued: \_\_\_\_\_