

HERNANDO COUNTY STATE CERTIFIED REGISTRATION FORM

DATE: ____/____/____

PLEASE TYPE OR PRINT NEATLY

BUSINESS NAME AND QUALIFIER'S NAME AS IT APPEARS ON STATE LICENSE:

Home Address:

City

State

Zip Code

Business Address:

City

State

Zip Code

Business Phone: (____) _____ CELL(____) _____ FAX(____) _____

County: _____

Drivers License Number _____

E-MAIL ADDRESS: _____

PLEASE FURNISH WITH THIS REGISTRATION FORM THE FOLLOWING DOCUMENTS:

1. Current copy of **STATE CERTIFIED LICENSE**.

2. Certificate of Liability Insurance and Workers Compensation with Hernando County Development Department, 789 Providence Blvd., Brooksville, FL 34601 as the Certificate Holder.

CERTIFICATES MUST BE MAILED FROM THE INSURANCE CO. (If faxed, must be from insurance co. and followed up by mail).

3. Copy of a \$5,000. **Hernando County Bond** made payable to the Florida Homeowners' Construction Recovery Fund, F.S. 489.131.(3)(e). (Form online www.hernandocounty.us/bldg)

4. Copy of current DRIVER'S LICENSE or other identification with photo and signature..

5. **\$75.00 REGISTRATION FEE. (A biennial File Maintenance Fee of \$75.00 will be charged when updating your State License with Hernando County.**

I hereby confirm the above stated information is true and correct to the best of my knowledge.

Signature of License Holder

Subscribed and affirmed before me this ____ day of _____,

by _____ who produced _____ as

identification and who did not take an oath.

Signature of Notary Public

Commission Number Seal