

**HERNANDO COUNTY REGISTRATION
SHED INSTALLATION / DEALER**

PLEASE TYPE OR PRINT LEGIBLY

Date: ____/____/____

Type of work being performed: _____

Name: _____

Business Name: _____

Home Address: _____

City: _____ State: _____ Zip _____

Business Address: _____

City: _____ State: _____ Zip: _____

County: _____ Drivers License Number: _____

Bus Phone: _____ Cell: _____ Fax: _____

E-mail Address: _____

DCA APPROVAL LETTER MUST BE BROUGHT TO THE CONTRACTOR LICENSING DEPT. AND SUBMITTED TO BUILDING OFFICIAL OR HIS DESIGNEE FOR REVIEW.

PLEASE FURNISH WITH THIS REGISTRATION THE FOLLOWING DOCUMENTS:

1. Copy of current Driver's License or other identification with photo and signature. Color please.
2. Certificate of Liability Insurance and Workers Compensation with Hernando County Building Division, 789 Providence Blvd., Brooksville, FL 34601 as the Certificate holder.
3. DCA Approval Letter.
4. **REGISTRATION FEE.** (A biennial Fee will be charged when renewing your license.) Contact Department for current fees.

I HEREBY AFFIRM THAT THE PRECEDING INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of License Holder

State of _____ County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____, by _____, who is (____) personally known to me, or who (____) has produced _____ as identification.

Signature of Notary

Notary Stamp