

HERNANDO COUNTY MOBILE HOME DEALER REGISTRATION / INSTALLER

PLEASE PRINT LEGIBLY

Date: ____ / ____ / ____

BUSINESS NAME AS IT APPEARS ON LICENSE: _____

NAME: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____ **Cell/Toll Free:** _____ **Fax:** _____

E-Mail: _____

PLEASE FURNISH WITH THIS REGISTRATION FORM THE FOLLOWING:

1. MOBILE HOME DEALER LICENSE / MOBILE HOME INSTALLER LICENSE
2. COPY OF IDENTIFICATION - DRIVER'S LICENSE
3. REGISTRATION FEE SEE CURRENT FEE SCHEDULE OR CONTACT DEPT.
(Check payable to: Hernando County Building Division)

FLORIDA STATUTE 837.06 - FALSE OFFICIAL STATEMENTS. Whomever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

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 _____

Subscribed and affirmed before me this ____ day of _____ 20____.

by _____ who is () personally know to me, or who () has produced
_____ as identification.

Signature of Notary Public

Commission Number Seal

PLEASE RETURN TO:

**HERNANDO COUNTY BUILDING DIVISION
CONTRACTOR CERTIFICATION
789 PROVIDENCE BLVD.
BROOKSVILLE, FL 34601**