

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:
FAXED COPIES WILL NOT BE ACCEPTED**

- 1. Current copy of **STATE CERTIFIED LICENSE**.
- 2. Certificate of Liability Insurance and Workers Compensation with Hernando County Building Division, 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 current **DRIVER'S LICENSE** or other identification with photo and signature. **COLOR PLEASE**

I hereby confirm the above stated 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 _____,

by _____ who is(____)personally known to me or who(____)has produced _____ as identification.

Signature of Notary Public

Commission Number Seal