

HERNANDO COUNTY
STATE CERTIFIED REGISTRATION FORM

Date _____

State Certified License # _____ Driver's License # _____

Qualifiers Name _____
(as it appears on state license)

Qualifier's Home Address _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Business Name _____
(as it appears on state license)

Business Address _____

County _____ Business Phone # _____ Fax # _____

*Please email this form and the required documents below to contractorlicensing@hernandocounty.us

1. Copy of current State Certified License Certificate
2. Certificate of Liability Insurance and Workers Compensation with the following as the certificate holder:

Hernando County Building Division
789 Providence Blvd
Brooksville FL 34601

3. Color copy of current driver's license or identification

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 _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, _____, by _____.

Personally Known OR Produced Identification

Type of Identification Produced

(Notary Seal)

Signature of Notary Public

Print, Type, or Stamp Commissioned Name