

**HERNANDO COUNTY BUILDING DIVISION  
TREE CONTRACTOR REGISTRATION**

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **PLEASE TYPE OR PRINT NEATLY**

Contractor's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Business Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

County: \_\_\_\_\_ Driver's License \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

1. Certificate of Liability Insurance and Workers Compensation with Hernando County Building Division, 789 Providence Blvd., Brooksville, FL 34601 as the Certificate Holder.

2. 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 \_\_\_\_\_

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

\_\_\_\_\_ **Signature of Notary Public**

\_\_\_\_\_ **Type of Identification Produced**

(Notary Seal)