

**HERNANDO COUNTY BUILDING DIVISION
789 PROVIDENCE BLVD.
BROOKSVILLE, FL 34601
contractorlicensing@hernandocounty.us**

MOBILE HOME DEALER REGISTRATION / INSTALLER

PLEASE PRINT LEGIBLY

Date: _____ / _____ / _____

Business Name as it Appears on the License: _____

Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Cell/Toll Free: (____) _____

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

FLORIDA STATUTE 837.06 - FALSE OFFICIAL STATEMENTS. Whoever 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 _____

Sworn to (or affirmed) and subscribed before me by physical presence or online notarization, this _____ day of _____ 20_____, by _____.

Personally Known OR Produced Identification

Signature of Notary Public

Type of Identification Produced

(Notary Seal)