HERNANDO COUNTY BUILDING DIVISION
TREE REGISTRATION

DATE: _____/_____/_____ **PLEASE TYPE OR PRINT NEATLY**

Contractor's Name**:** _____

Business Name**:** _____

Home Address: _____

_____
City State Zip Code

Business Address: _____

_____
City State Zip Code

Business Phone: (___) _____ CELL (____) _____

County: _____ Driver's License _____

E-mail Address: _____

Please email this form and the required documents below 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

_____
Type of Identification Produced

_____
Signature of Notary Public

(Notary Seal)