



## HERNANDO COUNTY BUILDING DIVISION

PERMITTING • CONTRACTOR LICENSING

789 PROVIDENCE BOULEVARD • BROOKSVILLE, FLORIDA 34601 • [www.HernandoCounty.us](http://www.HernandoCounty.us)

PHONE 352.754.4050 • FAX PERMITTING 352.754.4416 • FAX CONTRACTOR LICENSING 352.754.4159

# PRIVATE PROVIDER REGISTRATION

## PRIVATE PROVIDER REGISTRATION REQUIRED FORMS & CHECKLIST

Hernando County requires a one-time registration with Contractor Licensing for all Private Providers before commencing work. Private Providers are responsible for keeping registration records current.

*Note: If the notice applies to either private plan review or private inspection services, the Building Official may require, at his or her discretion, the private provider is used for both services pursuant to Section 553.791(2) Florida Statute.*

- Private Provider Registration Forms R.1 & R.2**
- Copy of State License** issued by the DBPR under F.S. 471 as a Professional Engineer, F.S. 481 as an Architect, or F.S. 468 as a Standard Building Code Administrator and Standard Inspector for inspections only on residential additions or alterations (of 1000 square feet or less), F.S. 553.971(i).
- Certificate of General Liability Insurance** (minimum requirements for your category) showing Certificate Holder as Hernando County Building Division, 789 Providence Blvd., Brooksville, FL 34601.
- Workmen's Compensation Insurance** showing Hernando County Building Division as the Certificate Holder and/or a copy of Workers' Comp Exemption filed with the State. **NOTE:** Qualifier(s)/License Holder(s) are required to be listed on the policy as "Included" or "Excluded".
- Private Provider Resume**
- Duly Authorized Representatives Employment Affidavit**, signed and notarized, with their resumes and State Licenses issued by the DBPR for Plan Examiners and/or Inspectors that will be performing the plan review or inspections as authorized representatives.
- Copy of Driver's License** for Private Provider and Duly Authorized Employees.



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Form R.1

### PRIVATE PROVIDER REGISTRATION

*Florida Statutes §553.791(15) (b)*

Please submit all of the following documents. Certificate of Insurance must be sent directly from your insurance company to Hernando County Building Division.

1. Copy of current Florida license for the business entity (Certificate of Authorization).
2. Copy of Florida licenses for all Private Providers.
3. Resume for Qualifier and all Private Providers.
4. Occupational license.
5. Copy of Driver's License.
6. Certificate of Insurance for General Liability and Worker's Compensation. The Certificate must name Hernando County Building Division as the certificate holder.

#### PRIVATE PROVIDER FIRM

Name of Firm: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

#### PRIVATE PROVIDER (QUALIFIER)

Name of Qualifier: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

State of FLORIDA  
County of HERNANDO

SWORN AND SUBSCRIBED before me by \_\_\_\_\_, being personally known to me \_\_\_\_\_ or having produced as identification \_\_\_\_\_, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary

Print Name

Date

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires \_\_\_\_\_



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Form R.2

### EMPLOYMENT AFFIDAVIT

#### For Private Provider, Duly Authorized Representatives

FS §553.791(4)

*Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.*

I, \_\_\_\_\_, the Private Provider, do hereby affirm that the Duly Authorized Representatives listed below are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

#### DULY AUTHORIZED REPRESENTATIVES:

Print name	Florida License no(s)	Discipline	Signature

Submit resumes of each Duly Authorized Representative and copies of their licenses.

Private Provider Name: \_\_\_\_\_

Florida License No. \_\_\_\_\_

SWORN AND SUBSCRIBED before me by \_\_\_\_\_,  
being personally known to me \_\_\_\_\_ or having produced as identification  
\_\_\_\_\_, and who being fully sworn and cautioned, states  
that the foregoing is true and correct to the best of his/her knowledge and belief.

L Seal/Signature/Date J

Signature of Notary

Print Name

Date

Notary Public Stamp:

My Commission Expires: \_\_\_\_\_