

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 Address) (City) (State) (Zip Code)

Home Phone # _____ Cell Phone # _____

Email Address _____

Business Name _____
(as it appears on state license)

Business Address _____
(Business Address) (City) (State) (Zip Code)

County _____ Business Phone # _____ Fax # _____

Please email this form and all 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

Signature of Notary Public

(Notary Seal)