



BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Development Services Department
3363 West Park Place
Pensacola, FL 32505
(850) 595-3550 - Phone
(850) 595-3401 - FAX
www.myescambia.com

Contractor Licensing Fax No.:
(850) 595-3401

STATE CERTIFIED CONTRACTOR REGISTRATION

Please provide the following documents to the Competency Board so the Contractor's State License can be entered into our system.

1. Copy of state license (not the qualified business ("QB") license);
2. Copy of license holder's current driver's license;
3. Certificate of Insurance for general liability with Escambia County as the certificate holder (See attached sheet regarding insurance requirements);
4. Certificate of Insurance for Florida's Workers' Compensation with Escambia County as the certificate holder. If the Contractor is Workers' Comp exempt, please provide a copy of the exemption. If you have employees or leased employees, please provide a Certificate of Insurance, also.
5. Submit a \$27 Registration fee made payable to "Escambia County Building Inspections Division."

A Letter of Authorization must be completed by the licensed Contractor **if** someone other than the Contractor will be obtaining permits and/or calling for inspections. **WE ARE UNABLE TO ACCEPT A POWER OF ATTORNEY.**

Certificates of Insurance requirements:

1. Certificates must be issued in the **exact name as the Contractor's license**. Certificates issued in names other than the state license cannot be used.
2. Contractors/businesses not domiciled in the State of Florida must have the Certificate of Insurance for Workers' Compensation Insurance submitted.



BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Development Services Department
3363 West Park Place
Pensacola, FL 32505
(850) 595-3550 - Phone
(850) 595-3401 - FAX
www.myescambia.com

Contractor Licensing Fax No.:
(850) 595-3401

STATE CERTIFIED REGISTRATION FORM

INFORMATION ON THIS SHEET SHOULD PERTAIN TO THE LICENSE HOLDER. THE FOLLOWING ITEMS MUST BE PRESENTED FOR COMPUTER REGISTRATION:

1. Contractor **must** provide copy of State license and all other required documentation.
2. Contractor's driver's license for identification purposes.
3. Certificate of Insurance for Workers' Comp and General Liability Insurances.
4. Include a \$27 Registration Fee made payable to "Escambia County Building Inspections Division."

PLEASE PRINT CLEARLY OR TYPE

Contractor's Full Legal Name
(no nickname) _____

Contractor's Printed Name _____

Date of Birth: _____ Driver's License # & State Issued: _____

Contractor's Home Address _____

City _____ State _____ Zip Code _____

Contractor's Company Name _____

Business Address _____ Zip Code _____

Mailing Address _____ Zip Code _____

Home Ph. _____ Business Ph. _____ Fax No. _____

Cell No. _____ Other Contract No. _____

Email address _____



Escambia County Building Inspections Division
 3363 West Park Place
 Pensacola, FL 32505
 Telephone: (850) 595-3550 Facsimile (850) 595-3401
INTERACTIVE VOICE RESPONSE (IVR): (850) 471-6640
 On the Web: www.myescambia.com

LETTER OF AUTHORIZATION
\$25.00 Fee

THIS LETTER OF AUTHORIZATION SUPERCEDES ALL PREVIOUS LISTS ON FILE UNLESS OTHERWISE INDICATED.

I CONFIRM THE FOLLOWING LISTED PERSON(S) ARE ON MY PAYROLL AND AUTHORIZED TO SIGN FOR PERMITS RELATED TO ESCROW ACCOUNTS, IF APPLICABLE; REQUEST INSPECTIONS AND RECEIVE A CERTIFICATE OF OCCUPANCY IN MY NAME. **CONTRACTORS WHO SIGN THIS FORM ARE RESPONSIBLE FOR ALL PERMITS AND ALL WORK PERFORMED UNDER THE CONTRACTOR'S LICENSE.**

NAME OF AUTHORIZED PERSON	NAME OF AUTHORIZED PERSON	NAME OF AUTHORIZED PERSON

I UNDERSTAND THE COMPETENCY BOARD AND/OR BOARD OF ELECTRICAL EXAMINERS HAVE POWER/AUTHORITY TO DISCIPLINE A LICENSED CONTRACTOR FOR VIOLATIONS COMMITTED BY CONTRACTOR, HIS AGENTS, OFFICERS, OR EMPLOYEES AND I TAKE FULL RESPONSIBILITY FOR COMPLIANCE WITH ALL STATUTES, CODES, AND LAWS INHERENT IN THE PRIVILEGE OF ISSUANCE OF SUCH PERMITS.

IF AT ANY TIME PERSON(S) AUTHORIZED ABOVE ARE NO LONGER IN MY EMPLOY, I WILL SUBMIT AN UPDATED AUTHORIZED LIST DELETING AND/OR ADDING AUTHORIZED AGENTS.

 PRINT CONTRACTOR'S NAME

 CONTRACTOR'S SIGNATURE

 DATE SIGNED

 LICENSE NUMBER

STATE OF _____
 COUNTY OF _____

The contractor whose name is _____ personally appeared before me and presented identification _____ or is personally known to me; this _____ day of _____, 20_____.

 NOTARY PUBLIC (SEAL)



BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Development Services Department
3363 West Park Place
Pensacola, FL 32505
(850) 595-3550 - Phone
(850) 595-3401 - FAX
www.myescambia.com

INSURANCE REQUIREMENTS

Certificates of Insurance (COI) must read exactly as the name on Contractor's license.

Original COI is required but we will accept a Certificate faxed from your insurance company. **We cannot accept Insurance Certificates faxed from the Contractor.**

If the Contractor utilizes a leasing agency, the COI should state by name, the Contractor is included in the coverage, or provide a valid Workers' Compensation exemption.

CERTIFICATE HOLDER

**Escambia County
3363 West Park Place
Pensacola, FL 32505
Fax No.: (850) 595-3401**

LIMITS FOR GENERAL LIABILITY INSURANCE

Plumbing & Gas:	\$100,000 liability & \$25,000 property damage
Electrical:	\$100,000 bodily injury each person or \$300,000 aggregate & \$500,000 property damage
General & Bldg:	\$300,000 liability & \$50,000 property damage
All Others:	\$100,000 liability & \$25,000 property damage

Should you have any questions or require additional information regarding insurance requirements, please contact the Licensing & Investigations Section at (850) 595-3509 or fax to (850) 595-3401.