APPLICATION FOR STATE CERTIFIED CONTRACTORS

INSTRUCTIONS: PLEASE FILL OUT THIS FORM AND FURNISH US WITH ALL RELATED DOCUMENTS

Name: _____ Date: _____

Business Address (if any): _____

Address: _____

Phone#: _____ Fax #: _____

Email Address: _____

I HEREBY MAKE APPLICATION to registered my State Certification offered by the board based on meeting the requirements established by state law and Bradford County's Construction Trades Board Ordinance.

_____
Signature

I have attached the following documents:

A. Copy of State License
B. Liability Insurance and Workman's Comp, made out to:
Bradford County Building Department
Attn: Christiann DeLance
P.O. Box 1148
Starke, FL 32091
Phone #: (904) 966-6223 / Fax #: (904) 966-6220

Note: Please request the Insurance Company include the **Contractor's Name** on the Certificate, not just the Company's Name.

C. If exempt, will need a Worker's Comp **exemption** form

NOTES TO THE CONTRACTOR:

* Please keep all credentials updated and current; there will be a one time fee of $50.00 to register with the Building Department.
* When calling in to verify contractor's credentials, remember, we file by Contractor's Name.
* If anyone other than the license holder is to purchase the permit, we must have an original, notarized authorization, i.e., Power of Attorney, signed by the contractor, listing the person authorized to pull the permit or person with a Business check or Credit Card.