



# PINELLAS COUNTY CONSTRUCTION LICENSING BOARD

All State-certified contractors operating in Pinellas County must provide the PCCLB with a certificate of insurance for general liability insurance and workers' compensation insurance coverage as required by law. The PCCLB must be named as certificate holder and the address, 12600 Belcher Road, Suite 102, Largo, FL 33773, included on the insurance certificate. Certificates must be faxed or mailed to this Board at the address listed below. Certificates may also be e-mailed to [cbenedic@pinellascounty.org](mailto:cbenedic@pinellascounty.org)

The following information is required:

1. Original application signed by the State-certified contractor and signature notarized.
2. Copy of your State certification.
3. \$35.00 application fee and self addressed stamped envelope.
4. Certificates of insurance for general liability and workers' compensation (see above)

If someone, other than the State-certified contractor submits the completed application for registration to this office and would like to obtain the license, an original notarized letter from the license holder must be included giving permission for he/she to be issued the license.

License Holder's name: \_\_\_\_\_

State Certificate Number: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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

P.O. Box must also have residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

(The PCCLB collects *your social security number for the* following purposes: classification of accounts; *identification and verification*; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, and tax reporting. Social security numbers are also used as a unique numeric identifier and may be used for research purposes).

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License # \_\_\_\_\_ Email Address: \_\_\_\_\_

Res. Phone # \_\_\_\_\_ Bus. Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**This registration must be renewed annually, on or before September 30th.**

The above information is true and correct.

\_\_\_\_\_  
Signature of Licensee

**STATE OF FLORIDA  
COUNTY OF PINELLAS**

The foregoing instrument was acknowledged  
before me this \_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_  
(name of person /Applicant acknowledging)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary)

Personally known \_\_\_\_\_ or produced identification

Type of identification produced \_\_\_\_\_