



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, 7887 Bryan Dairy Road, Suite 133, Largo, FL 33777, included on the insurance certificate. Certificates must be submitted with this application to the Board at the address listed below with your payment. SUBMIT ONE APPLICATION AND \$35 FEE FOR EACH STATE CERTIFICATE.

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). Mail all together.

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 him/her 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 Number

(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 Code

Business Phone # Email

Cell Phone # Driver's License Number

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

The above information is true and correct:

STATE OF FLORIDA

COUNTY OF:

The foregoing instrument was acknowledged before me

Signature of Licensee

This day of , 20 by:

Name of person taking acknowledgement

Signature of Notary

Print, Type or Stamp Commissioned Name of Notary Public

Personally known or Produced Identification

Type of Identification Produced