

1) Name of Firm as Licensed:

## CONTRACTOR LICENSE REGISTRATION & REQUIREMENTS

1) Name of Finn as Electised.		
2) Name of Qualifier:		
3) Qualifier's License Number:		Title:
Address:		
City:	State:	Zip:
Office Phone #:	Fax #:	Mobile#:
E-mail Address:		

- State of Florida Contractor's License
- A Certificate of General Liability Insurance, Workman's Compensation Insurance, or a Workman's Compensation Certification of Exemption, showing the Certificate holder as:

City of Tallahassee, Building Inspection 300 South Adams Street Box B-28 Tallahassee, Florida 32301

- Workman's Compensation Certificates for out of state contractors must list Florida as a covered state.
- Employee Leasing Agent or third party insurance providers must provide a roster of covered employees, including the licensed qualifier.
- The license qualifier may authorize a designated agent to obtain issued permits. An original notarized "<u>Contractor Authorization</u>" form must be submitted by mail, hand delivery or emailed to <u>grwthmgtsvcctr@talgov.com</u> directly from the license holder's email.
- All license and insurance certificates shall be current prior to the issuance of a permit.
- This completed form; license and certificate of insurance(s) may be emailed to <u>GrwthMgtSvcCtr@talgov.com</u>.
- In order to submit for permits, you will need to create an account in our online permitting portal, <u>https://cwpll.talgov.com/TallahasseePortal</u>.

Growth Management Department | Building Inspection Division | Phone: (850)891-7001, option 2 | Fax: (850)891-7029 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301