



Escambia County Building Services Department
Licensing Division
3363 West Park Place
Pensacola, FL 32505
Phone: 850-595-1629 Fax: 850-595-3401
Email: contractorlicense@myescambia.com
Website: www.myescambia.com

**Temporary License Registration for Registered Contractors Under Emergency
Order 2026-02.**

Emergency Order 2026-01, as amended by Emergency Order 2026-02, expires on December 5, 2026, or earlier if Executive Order 26-202 (as amended) is rescinded. All licenses will be required to reciprocate after this date to continue permitting.

Please provide the following information for the registration of your license in Escambia County:

1. Registration packet with the included Registration Form, Letter of Authorization, and Hold Harmless Agreement.
2. Copy of State Registered License Certificate provided from DBPR
3. Business Tax Receipt
4. Certificate of general liability insurance emailed from the insurance provider
5. Certificate of worker's compensation emailed from the insurance provider - or - worker's compensation exemption can be emailed directly.
6. Driver's license for the license holder

ALL SIGNATURES SHOULD BE HAND SIGNED AND NOTARIZED. NO ELECTRONIC SIGNATURES OF ANY KIND WILL BE ACCEPTED. THE MOBILE NUMBER AND EMAIL ADDRESS PROVIDED MUST BE DIRECT TO THE LICENSE HOLDER.

Should you have any questions or require additional information, please contact:
Contractor Licensing Division at (850) 595-1629 or by email at
contractorlicense@myescambia.com



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Business Name: _____ Business Classification: _____

Qualifier's Name: _____ License Number: _____

Business Physical Address _____

City: _____ State: _____ Zip Code: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work #: _____

Mobile #: (direct number to license holder) _____

Home #: _____

Fax #: _____

Contractor Signature

Date Signed

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contractorlicense@myescambia.com



ESCAMBIA COUNTY BUILDING SERVICES
CONTRACTOR LICENSING DIVISION

3363 West Park Place Pensacola, FL 32505

Phone: 850-595-3509 or 850-595-3572

Fax: 850-595-3401

Email: contractorlicense@myescambia.com



LETTER OF AUTHORIZATION

THIS LETTER OF AUTHORIZATION FORM SUPERCEDES ALL PREVIOUS FORMS ON FILE UNLESS OTHERWISE INDICATED AND HAS TO CONTAIN PHYSICAL SIGNATURES OF ALL PARTIES (NO E-SIGNATURES ACCEPTED).

I CONFIRM THAT THE FOLLOWING LISTED PERSON(S) ARE ON MY PAYROLL AND AUTHORIZED TO SIGN FOR PERMITS, REQUEST INSPECTIONS, AND RECEIVE CERTIFICATES OF OCCUPANCY/COMPLETION ON MY BEHALF.

	NAME OF AUTHORIZED PERSON(S)	AUTHORIZED PERSON(S) SIGNATURE
1.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
2.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
3.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
4.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
5.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
6.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	
7.	NAME:	
	EMAIL:	
	TELEPHONE NUMBER:	

LETTER OF AUTHORIZATION (cont.)

BY EXECUTION OF THIS FORM, I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL PERMITS AND ALL WORK PERFORMED UNDER MY CONTRACTOR'S LICENSE.

I FURTHER UNDERSTAND THAT THE CONTRACTOR COMPETENCY BOARD/BOARD OF ELECTRICAL EXAMINERS HAVE POWER/AUTHORITY TO DISCIPLINE A LICENSED CONTRACTOR FOR VIOLATIONS COMMITTED BY THE LICENSE HOLDER, HIS AGENTS, OFFICERS, OR EMPLOYEES AND I TAKE 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 LETTER OF AUTHORIZATION FORM DELETING AND/OR ADDING THE CORRECT AUTHORIZED AGENTS.

Signature of Contractor

Date

Printed Name of Contractor

Contractor's License Number

NOTARY SECTION

STATE OF _____

COUNTY OF _____

The applicant whose name is _____ personally appeared before me and is personally known **and/or** produced as identification _____.

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

(SEAL)

NOTARY PUBLIC



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Email: contractorlicense@myescambia.com

Hold Harmless Agreement

This agreement is entered into this _____ day of _____, 20_____, between _____ dba _____ hereinafter called the **Licensee**, and Escambia County, Florida, hereinafter called the **County**.

Whereas the **Licensee** desires to register with the County under the terms and conditions set forth, and now, therefore, the parties hereto, in consideration of the fee paid, and other good valuable consideration, agree as follows: The **Licensee** agrees to defend, indemnify and hold harmless **Escambia County**, its agents, employees and officials from any and all claims arising out of its acts of the **Licensee** in **Escambia County**.

LICENSEE'S PRINTED NAME

LICENSEE'S SIGNATURE

DATE SIGNED

LICENSE NUMBER

STATE OF _____

COUNTY OF _____

The licensee whose name is _____ personally appeared before me and presented identification _____ or is personally known to me; this

_____ day of _____, 20_____

NOTARY PUBLIC (SEAL)