



## **Escambia County Building Services Department**

Licensing Division

3363 West Park Place

Pensacola, FL 32505

Phone (850) 595-3550 | Fax (850) 595-3401

Email: [contractorlicense@myescambia.com](mailto:contractorlicense@myescambia.com)

Website: [www.myescambia.com](http://www.myescambia.com)

### **STATE – CERTIFIED CONTRACTOR REGISTRATION FORM**

**PLEASE PROVIDE THE FOLLOWING ITEMS TO BUILDING SERVICES FOR REGISTRATION OF YOUR LICENSE IN ESCAMBIA COUNTY:**

1. Copy of current State of Florida DBPR license certificate
2. Copy of U.S. government-issued photo identification card or Driver's license
3. Certificate of Insurance for General Liability, (insurance requirements on the next page)
4. Certificate of Insurance for Workers' Compensation or Qualifier's Exemption Card
5. Copy of Business Tax Receipt (business home office location)
6. Escambia County Building Services' Hold Harmless Agreement form
7. Escambia County Building Services' Letter of Authorization form

A Letter of Authorization must be completed by the licensed contractor **if** someone other than the contractor will be obtaining permits and/or calling for inspections.

**MUST CONTAIN PHYSICAL SIGNATURES OF THE CONTRACTOR (NO E-SIGNATURES ACCEPTED)**

**WE ARE UNABLE TO ACCEPT POWER OF ATTORNEY**

Should you have any questions or require additional information, please contact:  
Contractor Licensing Division at (850) 595-3572 or (850) 595-3509 | Email: [contractorlicense@myescambia.com](mailto:contractorlicense@myescambia.com)



## Escambia County Building Services Department Licensing Division

3363 West Park Place  
Pensacola, FL 32505  
(850) 595-3550 - Phone  
(850) 595-3401 - FAX  
[www.myescambia.com](http://www.myescambia.com)

### **INSURANCE REQUIREMENTS**

Your **COI** is required to be submitted to Escambia County Contractor Licensing directly from your Insurance Provider. **We cannot accept insurance certificates directly from the contractor.**

Please have your provider submit your COI to:

E-Mail - [contractorlicense@myescambia.com](mailto:contractorlicense@myescambia.com)  
Mail - 3363 West Park Place, Pensacola, FL 32505  
Fax - 850-595-3401

If the Contractor utilizes a leasing agency, the COI should state by name, the Contractor is included in the coverage, or provide a valid Workers' Compensation exemption.

### **CERTIFICATE HOLDER MUST READ**

Escambia County  
3363 West Park Place  
Pensacola, FL 32505

### **LIMITS FOR GENERAL LIABILITY INSURANCE**

Plumbing & Gas:	\$100,000 liability & \$25,000 property damage
Electrical:	\$100,000 bodily injury each person or \$300,000 aggregate & \$500,000 property damage
General & Bldg:	\$300,000 liability & \$50,000 property damage
All Others:	\$100,000 liability & \$25,000 property damage

### **CERTIFICATES OF INSURANCE REQUIREMENTS:**

1. Certificate of Insurance (COI) must be issued in the exact name as the contractor's State Certified License Certificate under "Insured". Certificates issued in names other than the state license cannot be used.
2. Contractors and/or businesses not based in the State of Florida must have additional verbiage in the "Description of Operations" section of the Certificate of Liability Insurance for Workers' Compensation as follows: **"Workers Compensation is covered under Florida law..."**

Should you have any questions or require additional information regarding insurance requirements, please contact the Contractor Licensing Division at (850) 595-3550 or E-mail [contractorlicense@myescambia.com](mailto:contractorlicense@myescambia.com)



## BOARD OF COUNTY COMMISSIONERS ESCAMBIA COUNTY, FLORIDA

Building Services Department  
3363 West Park Place  
Pensacola, FL 32505  
(850) 595-3550 ~ Phone (850) 595-3401 ~ Fax  
Email: [contractorlicense@myescambia.com](mailto:contractorlicense@myescambia.com)  
Website: [www.myescambia.com](http://www.myescambia.com)

### STATE-CERTIFIED CONTRACTOR REGISTRATION FORM

INFORMATION ON THIS SHEET SHOULD PERTAIN TO THE **LICENSE HOLDER ONLY**. ALL ITEMS MUST BE INCLUDED TO COMPLETE REGISTRATION. CERTIFICATES OF INSURANCE SHOULD BE EMAILED or FAXED DIRECTLY FROM THE INSURER TO ESCAMBIA COUNTY.

#### PLEASE PROVIDE:

1. Copy of current DBPR state license certificate
2. Copy of U.S. government-issued photo identification card or Driver's license
3. Certificate of Insurance for General Liability, (insurance requirements on the prior page)
4. Certificate of Insurance for Workers' Compensation or Qualifier's Exemption Card,
5. Copy of Business Tax Receipt (business home office location),
6. Escambia County Building Services' Hold Harmless Agreement form,
7. Escambia County Building Services' Letter of Authorization form.

#### PLEASE PRINT CLEARLY OR TYPE

Business Name: \_\_\_\_\_ Business Classification: \_\_\_\_\_

Qualifier's Printed Name: \_\_\_\_\_ License #: \_\_\_\_\_

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

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

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

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

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

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

Work # \_\_\_\_\_ Mobile # \_\_\_\_\_ Home # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License# \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
CONTRACTOR'S SIGNATURE

\_\_\_\_\_  
Date Signed

Should you have any questions or require additional information, please contact the Contractor Licensing Division at (850) 595-3572, or (850) 595-3509. Email: [contractorlicense@myescambia.com](mailto:contractorlicense@myescambia.com)

Revised: 11/07/2022



**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](mailto: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

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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### 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)