



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

Website: 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



Escambia County Building Services

Licensing Division

3363 West Park Place

Pensacola, FL 32505

Phone: (850) 595-1629 or (850) 595-3509

Fax: (850) 595-3401

Email: contractorlicense@myescambia.com

Website: www.myescambia.com

INSURANCE REQUIREMENTS

Your **COI** is required to be submitted to Escambia County Contractor Licensing Department directly from your Insurance Provider. Please have your provider copy you on the email.

A CERTIFICATION OF INSURANCE **cannot** be accepted directly from the contractor/staff and should not be included with your registration packet.

Please have your insurance provider submit your COI to:

E-Mail - contractorlicense@myescambia.com

Mail - 3363 West Park Place, Pensacola, FL 32505

Fax - 850-595-3401

CERTIFICATE HOLDER MUST READ

Escambia County

3363 West Park Place

Pensacola, FL 32505

PROPER AGGREGATE AMOUNT FOR LIABILITY AND PROPERTY DAMAGE:

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. Under **INSURED** on the COI: The business name listed on the Certificate of Insurance must match the business name as it appears on the contractor's state license certificate. Certificates issued in names other than the business name listed on the state license certificate cannot be accepted.
2. If the Contractor utilizes a leasing agency, the COI should reflect the contractor's business name, if the license holder is included in the coverage, or provide a valid Florida Workers' Compensation Exemption.
3. Insurance providers **and/or** Contractors not based in the State of Florida, **must have additional verbiage** included within the "**Description of Operations**" section of the COI for Workers' Compensation as follows: **"Workers Compensation is covered under Florida law..."**



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
Website: 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),
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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



**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:	



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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)