



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 : buildinginspections@myescambia.com
On the Web : www.myescambia.com

Contractor Licensing Fax No.:
(850) 595-3401

REGISTRATION

STATE CERTIFIED CONTRACTOR

Please provide the following items to the Contractor Competency Board for registration in Escambia County:

1. Copy of current State license.
2. Copy of driver's license for identification purposes.
3. Certificate of Insurance for General Liability Insurance.
4. Workers' Compensation Certificate or Qualifier's Exemption Card.
5. Registration fee (\$27) made payable to "Escambia County."

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

Certificates of Insurance requirements:

1. Certificates must be issued in the **exact name as the Contractor's license.** Certificates issued in names other than the state license cannot be used.
2. Contractors/businesses not domiciled in the State of Florida must have the Certificate of Insurance for Workers' Compensation Insurance submitted.



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STATE CERTIFIED REGISTRATION FORM

INFORMATION ON THIS SHEET SHOULD PERTAIN TO THE LICENSE HOLDER. ALL ITEMS MUST BE INCLUDED TO PROCESS REGISTRATION. CERTIFICATES OF INSURANCE SHOULD BE FAXED DIRECTLY FROM YOUR INSURER TO ESCAMBIA COUNTY (fax number: (850) 595-3401). **ESCAMBIA COUNTY BUILDING INSPECTIONS DIVISION MUST BE LISTED AS THE CERTIFICATE HOLDER.**

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PLEASE PRINT CLEARLY OR TYPE

Certificate Holder's Name _____

Certificate Holder's Printed Name _____

Certificate Classification _____

Date of Birth: _____ Driver's License # & State Issued: _____

Contractor's Home Address _____

City _____ State _____ Zip Code _____

Contractor's Company Name _____

Business Address _____ Zip Code _____

Mailing Address _____ Zip Code _____

Home Ph. _____ Business Ph. _____ Fax No. _____

Cell No. _____ Other Contact No. _____

Email address _____

Date: _____

CONTRACTOR'S SIGNATURE

LICENSE NUMBER

CONTRACTOR LICENSING