



State Certified Contractor Maintenance Form

Please upload or mail this form along with the items listed below.

The following information is required:

1. Copy of the State Certified Contractor's License. **State License No.** _____
2. A copy of the Workers' Compensation Certificate. Certificate must indicate Pasco County as the certificate holder. It must indicate the name of the business entity, indicating the license holder is covered under the Workers' Compensation Policy.
"OR"
A copy of the license holder's Workers' Compensation Exemption Card.
3. The license holder's current home, business address, and phone numbers.

Home Address: _____

Business Name & Address: _____

Personal Phone: _____

Business Phone: _____

4. Year of Birth of the License Holder: _____

5. Email Address: _____

6. Space below is for Authorized Signer(s) to record license, sign for, and obtain permits. This form **supersedes** all other letters and forms.

Person: _____

Person: _____

Person: _____

Person: _____

Person: _____

Person: _____

Authorized individuals will remain in full force and effect until written documentation is submitted, withdrawing the authorization. The license holder is responsible to keep all information current and correct.

License Holder: _____
(Print Name)

License Holder Signature: _____

Please Note: Notary section below needs to be completed.

State of Florida

County of Pasco

Sworn to and subscribed before this day _____

Notary Public State of Florida

(Stamp)

My commission expires _____