

# Charlotte County Community Development Department

## Building Construction Division

18400 Murdock Circle | Port Charlotte FL 33948  
Building Phone: 941.743.1201 | Building Fax: 941.764.4907  
Email: [ContractorLicensing@CharlotteCountyFL.gov](mailto:ContractorLicensing@CharlotteCountyFL.gov)  
[www.CharlotteCountyFL.gov](http://www.CharlotteCountyFL.gov)

*"To exceed expectations in the delivery of public services"*

### STATE CERTIFIED CONTRACTOR REGISTRATION FORM

Please submit the following documents listed below. All items must be included and can be mailed or hand delivered to process the registration. Allow three (3) business days for processing mailed documents.

1. Copy of current state license.
2. A Local Business Tax Receipt from qualifiers home county.
3. Current drivers license.
4. Certificate of Insurance for General Liability and Worker's Compensation or qualifiers exemption card.

**Certificate must list Charlotte County Community Development as certificate holder.**

5. Current head shot type photo.

Please remember - **bring or mail all** of the above items on the checklist together as a package with the completed registration form.

**\*\*\*\* Note: We CANNOT accept email or fax copies. Please mail or hand deliver original.\*\*\*\***

CERTIFICATE HOLDER'S NAME: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

CERTIFICATE CLASSIFICATION: \_\_\_\_\_

CERTIFICATE NUMBER: \_\_\_\_\_

FEDERAL I.D. NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CERTIFICATE HOLDER'S SIGNATURE: \_\_\_\_\_

(Power of Attorney not accepted)

STATE OF FLORIDA County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification and who did/did not take an oath.

Identification Number & Expiration Date: \_\_\_\_\_

Notary's Printed Name \_\_\_\_\_ Signature of Notary \_\_\_\_\_

Commission Number \_\_\_\_\_

Notary Stamp

March 2018