



PINELLAS COUNTY CONSTRUCTION LICENSING BOARD

All State-certified contractors operating in Pinellas County must provide the PCCLB with a certificate of insurance for general liability insurance and workers' compensation insurance coverage as required by law. The PCCLB must be named as certificate holder and the address, 7887 Bryan Dairy Road, Suite 133, Largo, FL 33777, included on the insurance certificate. Certificates must be mailed to this Board at the address listed below. Certificates may also be e-mailed to insurancecertificates@pinellascounty.org.

The following information is required:

1. Original application signed by the State-certified contractor and signature notarized.
2. Copy of your State certification.
3. \$35.00 application fee and self-addressed stamped envelope
4. Certificates of insurance for general liability and workers' compensation (see above). Mail all together

If someone other than the State-certified contractor submits the completed application for registration to this office and would like to obtain the license, an original notarized letter from the license holder must be included giving permission for him/her to be issued the license.

License Holder's Name _____

State Certificate Number _____

Doing Business as _____

Home Address _____

P.O. Box must also have residence _____

Date of Birth _____ Social Security Number _____

(The PCCLB collects your social security number for the following purposes: classification of accounts; identification and verification; credit worthiness; billing and payments; data collection, reconciliation, tracking, benefit processing, and tax reporting. Social security numbers are also used as a unique numeric identifier and may be used for research purposes).

Business Address _____

City _____ State _____ Zip Code _____

Driver's License Number _____ Email _____

Cell Phone # _____ Bus. Phone _____

This registration must be renewed annually on or before September 30th.

The above information is true and correct:

Signature of Licensee

STATE OF FLORIDA
COUNTY OF _____
The foregoing instrument was acknowledged before me

This _____ day of _____, 20__ by:

Name of person taking acknowledgement

Signature of Notary

Print, Type or Stamp Commissioned Name of Notary Public

Personally known _____ or Produced Identification _____

Type of Identification Produced _____