

Check yourself out online: https://sites.brevardcounty.us/LCS/

Licensing Regulation & Enforcement

2725 Judge Fran Jamieson Way Building A, Room 114 Viera, Florida 32940 Ph: 321-633-2058, op.4, op.6

Email: Contractorlicensing@brevardfl.gov

2022 STATE CERTIFIED CONTRACTOR REPOSITORY FORM

Please complete the form below and provide the following:

Business name must match the business name qualified on all documents listed below.

 □ Copy of State Certified License (actual certificate, not a summary from the state website) □ Copy of Valid Driver's License for the License Holder □ Copy of Business Tax Receipt from the County/Municipality where your business is located. If located in Brevard County, you must have a Brevard County Business Tax Receipt, call 321-264-6969 for more information. □ Certificate of General Liability Insurance □ Certificate of Workers Compensation Insurance (Required if you have employees) □ Certificate of Workers Compensation Exemption 								
Certificates of Insurance <u>must be</u> sent directly from insurance agency with the Certificate Holder as follows: Brevard County Licensing Regulation & Enforcement 2725 Judge Fran Jamieson Way, A-114 Viera, FL. 32940								
This form and requested documents are to be emailed to: contractorlicensing@brevardfl.gov								
Complete Business Name include Fictitious Name/DBA (If Applicable)								
First and Last Name of License Holder (Print)					Florida State Certified License Number			
Business Phone Number					License Holder Email Address			
Business Street Address					City	State	Zip Code	
Contac	ct Name				Contact Email			
Compe	y. I further ur ensation Insur nation. Hired	nderstand the	at if I hire or Contractor L	lease any e icensing Ag	all work that I have on the multiple of the mu	st submit a (quested to p	Certificate of provide subco	Workers ntractor
<mark>Signat</mark>	ure of License	Holder:				Cel	l Phone:	
The reg *Check	gistration form yourself out o	and instruction n-line: https://	ermitting (BAS ns for BASS w /sites.brevard	ill be provide county.us/L0	dvanced Service Site) and once your repositor	y application	has been proce	_
Office Us	e Only: ST GL						Staff:	REV 06182020