

VOLUNTARY REGISTRATION FOR STATE-CERTIFIED CONTRACTORS

STATE-CERTIFIED VOLUNTARY REGISTRATION CHECKLIST

- Copy of State License
- Copy of the Business Tax Receipt (Occupational License) from the County where your office is located. If you are located in Collier County, you must have a Collier County Business Tax Receipt. Call (239) 252-2477 for further information.
- Certificate of Contractor's General Liability Insurance (minimum requirements for your category) showing Collier County Contractor Licensing Board as the Certificate Holder.
- Workmens' Compensation Certificate of Insurance showing Collier County Contractor Licensing Board as the Certificate Holder and/or a copy of Workers' Comp Exemption filed with the State. **NOTE:** Qualifier(s)/License Holder(s) are required to be listed on the policy as "Included" or "Excluded".
- Registration fee of **\$45.00 for each license being registered**. Make check payable to: "*Board of Collier County Commissioners*".
- Return the application with required information and fee to the above address either by mail or in person.
- Copy of Driver's License

If you have any questions, please contact Contractor Licensing:

MAIN #: (239) 252-2431

FAX #: (239) 252-2469

VOLUNTARY REGISTRATION FOR STATE-CERTIFIED CONTRACTORS

STATE-CERTIFIED VOLUNTARY REGISTRATION FORM

INSTRUCTIONS: Please completely fill in the form. Do not leave any blank spaces. The registration fee of **\$45.00** must accompany this application. The fee is **NOT** refundable after the application has been accepted and recorded. All checks should be made payable to the *“Board of Collier County Commissioners”*.

License Holder: _____ **Date of Birth:** _____
Last Name First Name MI

Home Address: _____
Street Apt. # City State Zip

E-mail address: _____ **Driver’s License #:** _____
(attach a photocopy)

State license no.: _____

Name of Company: _____

D.B.A _____

Mailing Address: _____
Street City State Zip

Business phone: _____ **Cell:** _____ **Fax:** _____

Physical Address (if different from mailing address):

Street City State Zip

License Holder’s Signature

Date