



HIGHLANDS COUNTY BUILDING DIVISION

CONSTRUCTION LICENSING, ENFORCEMENT AND APPEALS BOARD

REGISTRATION PROCEDURES FOR CERTIFIED CONTRACTORS

Consist of completing the application and affixing a **photograph** of the qualifier. A current worker's compensation policy or exemption must be received at the time of registration. A copy of your state certification is needed and if anyone other than the license holder is going to obtain permits a letter of authorization or power of attorney is required.

HIGHLANDS COUNTY BUILDING DIVISION
501 S. COMMERCE AVENUE
Suite 1
SEBRING, FL 33871
863-402-6643

DATE OF APPLICATION _____

HIGHLANDS COUNTY BUILDING DIVISION
APPLICATION FOR REGISTRATION

Certified

OFFICE USE ONLY

APPLICANT INFORMATION

Category: _____
Trade _____ Years of Experience _____

Applicant's Name: _____

Residential Mailing Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Date of Birth _____
Driver License Number _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

EMAIL: _____ FEID _____

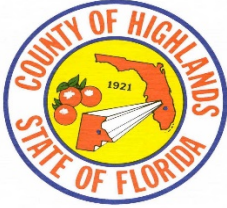
Applicant's signature

The foregoing instrument was acknowledged before me this _____ day of
_____ 20__ by _____ who is personally known to be or

Produced _____ as identification.

Commission

Notary Public



Highlands County Building Division

LETTER OF AUTHORIZATION

THIS AUTHORIZATION LETTER SUPERCEDES ALL PREVIOUS LISTS ON FILE UNLESS OTHERWISE INDICATED.

I, _____ license holder for _____
(DBA Name),
do certify that _____, is an employee, partner, or
officer, (circle one), and is authorized to acquire permits and or call for inspections, and sign on
my behalf for the Highlands County Building Department.

**I, the license holder, realize that I am responsible for all permits and or work done
under my license number or any project that requires a permit.**

License Holder's Signature

Date

If at anytime the person you have authorized is no longer an employee, partner, or officer,
you MUST notify this department in writing of all changes.

NOTARY INFORMATION

STATE OF _____

COUNTY OF _____

The above license holder, whose name is _____ personally
appeared before me and is known by me OR has produced the following identification

_____ on this ____ day of _____ 20__ .

NOTARY'S SIGNATURE

Commission Stamp: