



## HIGHLANDS COUNTY BUILDING DIVISION

### CONSTRUCTION LICENSING, ENFORCEMENT AND APPEALS BOARD REGISTRATION PROCEDURES

#### Reciprocity

#### PART ONE

A letter of reciprocity must be sent directly to us from the county you took the exam in.  
A minimum score of 75.0% is required on both the Trade and Business exam.

#### PART TWO

Consist of completing the application along with a photograph of the qualifier. We need current liability insurance and workers' compensation or exemption, a copy of your state registration if you are one of the trades addressed in Chapter 489 and the required registration fee.

Note: If someone other than the license holder is going to obtain permits a letter of authorization or power of attorney is needed.

#### Fee Schedule

General & Building Contractors \$105.00  
Contractors addressed in Chapter 489 \$80.00  
Specialty Contractors \$55.00  
Journeyman \$30.00

HIGHLANDS COUNTY BUILDING DIVISION  
501 S. COMMERCE AVENUE  
Suite 1  
SEBRING, FL 33871  
863-402-6643  
Fax: 863-402-6886

DATE OF APPLICATION: \_\_\_\_\_

HIGHLANDS COUNTY BUILDING DIVISION  
APPLICATION FOR REGISTRATION

**Reciprocity**

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**OFFICE USE ONLY:**

LICENSING BOARD: Approved:  Not Approved:  Meeting Date: \_\_\_\_\_

Exam: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Exam Grade: \_\_\_\_\_ Location: \_\_\_\_\_

Exam: Business & Law Exam Date: \_\_\_\_\_ Exam Grade: \_\_\_\_\_ Location: \_\_\_\_\_

**APPLICANT INFORMATION**

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Trade \_\_\_\_\_ Category: \_\_\_\_\_  
Years of Experience \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Residential Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Driver's License number \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ FEID: \_\_\_\_\_

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\_\_\_\_\_  
Applicant's signature

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by \_\_\_\_\_  
\_\_\_\_\_ who is personally known to be or produce \_\_\_\_\_  
as identification.

\_\_\_\_\_  
Notary Public

**What are the insurance requirements for an electrical or alarm contractor license?**

The Certification of Insurance coverage limits are as follows:

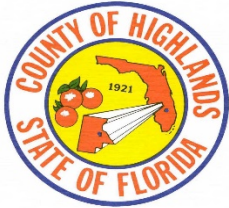
- \$300,000 Per Occurrence - including completed operations & products
- \$500,000 Property Damage - including completed operations & products
- \$100,000 Per Person; or
- \$800,000 Combined Single Limit

**Minimum amounts required for General Liability Insurance:**

General and Building Contractors: \$300,000 bodily injury; \$50,000 property damage

All other categories: \$100,000 bodily injury, \$25,000 property damage

Certificates should be made to: Highlands County Building Department



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: