



**Development Services Division
Building Services Department**

7375 Powell Road, Suite 115
Wildwood, FL 34785
<http://sumtercountyfl.gov>



Villages Sumter County Service Center
Phone: (352) 689-4460
Fax: (352) 689-4461

Bushnell Annex Office
Phone: (352) 569-1500
Fax: (352) 689-4461

**Construction Industry Licensing Board
CERTIFIED CONTRACTORS Application**

License Holder Name

Company Name

Mailing Address

Business Phone # /Cell Phone #

City State Zip Code

Business Fax #

State Certified Number

Driver's License Number - Qualifier

E-Mail Address

Federal Identification Number

Please submit the following:

1. Copy of State Certified License
2. Copy of Qualifier's Drivers License
3. Workers Compensation exemption form (if applicable) from the Dept. of Financial Services
4. Certificate of Insurance - Liability and Workers Compensation:
 - General & Building: \$300,000 Bodily Injury; \$50,000 Property Damage
 - Electrical: \$300,000 per occurrence; \$500,000 Property Damage
 - All other categories: \$100,000 Bodily Injury; \$25,000 Property Damage

CERTIFICATES OF INSURANCE:

- Must be mailed or faxed directly from the insurance company and must be valid in Florida.
- Insurance Certificates and Workers Compensation Exemption Forms must appear in the *exact* name as your DBPR License or your Sumter County Competency Card.

Sumter County Building Department must be listed as the certificate holder with the address of: 7375 Powell Road Wildwood, FL 34785

Authorized Signer:

The following persons are authorized to sign for permits for the above referenced license holder. Any changes will require a new form or letter. **This authorization is to remain in effect unless cancelled in writing by the undersigned.**

Signature of Applicant _____ Date _____

State of _____ County of _____ . The foregoing instrument was subscribed before me this _____ day of _____, 20 _____ by _____ who is personally known to me or _____ who has produced _____ as identification.

Signature of Notary _____

Seal: