



Pasco County Building Construction Services
Contracting Licensing
8731 Citizens Drive, Suite 230
New Port Richey, FL 34654
(727) 847-8009
contractorlicensing@pascocountyfl.net

Contractor Maintenance Form

Please email this form along with the items listed below.

The following information is required:

1. Copy of the State Certified Contractor's License. **License No.** _____
2. A copy of the Workers' Compensation Certificate. Certificate must indicate Pasco County as the certificate holder. It must indicate the name of the business entity, indicating the license holder is covered under the Workers' Compensation Policy.
"OR"
A copy of the license holder's Workers' Compensation Exemption Card.

3. The license holder's current home, business address, and phone numbers.

Home Address: _____

Business Name & Address: _____

Personal Phone: _____ Business Phone: _____

4. Year of Birth of the License Holder: _____

5. Email Address: _____

6. Space below is for Authorized Signer(s) to record license, sign for, and obtain permits. This form **supersedes** all other letters and forms.

Person: _____ Person: _____

Person: _____ Person: _____

Person: _____ Person: _____

Authorized individuals will remain in full force and effect until written documentation is submitted, withdrawing the authorization. The license holder is responsible to keep all information current and correct.

License Holder: _____ License Holder Signature: _____

(Print Name)

State of Florida
County of Pasco

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ___ day of _____, _____ (year), by _____ (name of person making statement).

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification Type of Identification _____