County Registration#_____

APPLICATION FOR CONTRACTORíS REGISTRATION
FRANKLIN COUNTY BUILDING DEPARTMENT
34 FORBES STREET, SUITE #1
APALACHICOLA, FL 32320
Phone (850) 653-9783
Fax (850) 653-9799

Applicantís Name:_____
Business Name:_____
Address:_____
_____
_____
Telephone Number:_____Mobile Number:_____

CLASSIFICATION DESIRED

____General Contractor
____Building Contractor
____Residential Contractor
____Roofing Contractor
____Class A Air Conditioning Contractor
____Class B Air Conditioning Contractor
____Mechanical Contractor
____Commercial Pool Contractor
____Residential Pool Contractor
____Electrical Contractor
____Plumbing Contractor
____Specialty Contractor
(Please specify area_____
_____)

PROOF OF COMPETENCY (PROVIDE ONE)

_____ State certification Card, or
_____ Block & Associates Examination (Attach copy of test results)
_____ Specialty Registration- four (4) letters of reference (that applies to how well you do your work. Please list Name, Address, and Phone # of person writing letter)

ADDITIONAL DOCUMENTATION REQUIRED

_____ Proof of Liability Insurance
_____ Proof of Workerís Compensation or the Exemption
_____ State License- if applicable State Registration #_____

FEE

$50 Per Category for Franklin County Residents
$150 Per Category for Out-of-County Residents $_____

NOTE: Certified out-of-county contractors ONLY. Fee will be waived if PROOF of current occupational license is provided from the county you reside in.

The aforementioned information is true and correct to the best of my knowledge.

_____ Approved:_____
Applicant Date Building Official Date