

1) Name of Firm as Licensed: _____

2) Name of Qualifier: _____

3) Qualifier's License Number: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Fax #: _____ Mobile#: _____

E-mail Address: _____

- State of Florida Contractor's License
- A Certificate of General Liability Insurance, Workman's Compensation Insurance or a Workman's Compensation Certification of Exemption, showing the Certificate holder as:

City of Tallahassee, Building Inspection
300 South Adams Street
Box B-28
Tallahassee, Florida 32301

- Workman's Compensation Certificates for out of state contractors must list Florida as a covered state.
- Employee Leasing Agent or third party insurance providers must provide a roster of covered employees, including the licensed qualifier.
- The license qualifier may authorize a designated agent to obtain issued permits. An original notarized "Contractor Authorization" form must be submitted by mail or hand delivery, unless the notary has digital notary credentials to submit the form electronically.
- All license and insurance certificates shall be current prior to the issuance of a permit.
- This completed form; license and certificate of insurance(s) may be faxed to (850)891-7029 or emailed to GrwthMgtSvcCtr@talgov.com.