



Marion County
Board of County Commissioners

Building ♦ Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2428
Fax: 352-438-2430

NEW STATE CERTIFIED CONTRACTOR RECORDS MANAGEMENT FORM

MARION COUNTY NUMBER (OFFICE USE ONLY): _____ DATE: _____

LICENSE HOLDERS NAME: _____
FIRST MIDDLE LAST

COMPANY NAME: _____

STATE LICENSE # _____

MAILING ADDRESS: _____
CITY STATE ZIP

E-MAIL ADDRESS: _____

BUSINESS PHONE NUMBER: _____ FAX NUMBER: _____

MOBILE PHONE/PAGER NUMBER: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

QUALIFIERS SIGNATURE: _____

REQUIRED INFORMATION:

- Copy of your current State License issued by The Department of Business and Professional Regulations (DBPR).
- Copy of your current Qualifier's Business License issued by D.B.P.R. Applicable only if incorporated.
-not applicable to Electrical or Manufactured Home Contractor.
- Legible copy of current Drivers License (DL) can be emailed to Michelle.Fanelli@marioncountyfl.org
- Recent, Clear, Close-up 3x5 photo of contractor; Not a Drivers License Photo, can be emailed to Michelle.Fanelli@marioncountyfl.org
- LIABILITY AND WORKERS COMPENSATION INSURANCE CERTIFICATES MUST CONTAIN THE FOLLOWING:** • Marion County as the Certificate Holder including our address: 2710 East Silver Springs Boulevard; Ocala, Florida 34470, •The Qualifier's Name •The Company Name as insured •The Marion County Competency Card Number or • State License Number •A Minimum Liability Insurance of \$150,000 which consists of \$100,000 per occurrence for Personal Injury and \$50,000 per occurrence for Property Damage.
- IF APPLICANT IS WORKERS COMPENSATION EXEMPT:** Supply copy of Workers Comp Exemption and Marion County Workers Comp Affidavit (affidavit located on website).
http://www.marioncountyfl.org/Building/obtain_forms.aspx#Licensing

THANK YOU & WELCOME TO MARION COUNTY

ADMINISTRATIVE REGISTRATION FEE PER STATE LICENSE FOR CONTRACTOR'S LAST NAMES THAT BEGIN WITH THE LETTERS:	A-K until 9/30/2012 - \$30.00	L-Z - until 9/30/2013 CYCLE - \$50.00	FORM 3 - REV 5/1/11
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"Meeting Needs by Exceeding Expectations"