

**LEVY COUNTY BUILDING DEPARTMENT
APPLICATION FOR
STATE CERTIFIED CONTRACTOR**

DATE: _____

LICENSE HOLDERS NAME: _____

BUSINESS NAME: _____

TYPE OF LICENSE: _____

LICENSE # _____ **EXPIRATION DATE:** _____

ADDRESS: _____

PHONE # () _____ **CELL PHONE # ()** _____ **FAX # ()** _____

CONTRACTOR/AGENT PRINT

CONTRACTOR/AGENT SIGNATURE

SUBMIT THIS APPLICATION WITH THE FOLLOWING:

- COPY OF STATE CERTIFICATION CARD**
- COPY OF LIABILITY INSURANCE**
- COPY OF WORKERS COMPENSATION INSURANCE OR
WORKERS COMPENSATION EXEMPTION CARD**
- COPY OF DRIVERS LICENSE/PICTURE I.D.**

MAIL TO: Post Office Box 672 Bronson, Florida 32621
PHONE # (352)486-5204 - FAX # (352)486-5246
ATTENTION: KIM
EMAIL: durrance-kim@levycounty.org