



2024 State Certified Contractor Repository Form

Instruction:

Please complete the form below and provide the required documentation.

The business name must match the business name qualified on all documents listed below.

This form and requested documents are to be emailed to contractorlicensing@brevardfl.gov

Required Documentation:

- Copy of State Certified License (actual certificate, not a summary from the state website)
- Copy of Valid Driver's License for the License Holder
- Copy of Business Tax Receipt from the County/Municipality where your business is located.
If located in Brevard County, a Brevard County Business Tax Receipt is required
- Certificate of General Liability Insurance
- Certificate of Workers Compensation Insurance (Required if you have employees)
- Certificate of Workers Compensation Exemption

Insurance Requirements:

Certificates of Insurance **must be sent directly from the insurance agency** with Certificate Holder as follows:
 Brevard County Licensing Regulation & Enforcement
 2725 Judge Fran Jamieson Way, A-114
 Viera, FL. 32940

Online Permitting:

Brevard's Advance Service Site (BASS) access requires a separate registration process and agreement form.
 The registration form and instructions will be provided once your repository application has been approved.

License Registration:

Complete Business Name (Please include the fictitious Name/dba if applicable)

_____ Business Street Address	_____ City	_____ State	_____ Zip Code
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_____ Contact First & Last Name	_____ Business Phone Number	_____ Contact Email Address
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I understand, as the license holder I am responsible for all work that I have contracted or permitted in Brevard County. I further understand that if I hire or lease any employees that I must submit a Certificate of Workers Compensation Insurance to the Contractor Licensing Agency and may be requested to provide subcontractor information. Hired subcontractors are required to be licensed and registered for all regulated trades in Brevard County.

_____ License Holder First & Last Name	_____ State Certified License Number	_____ License Holder Phone Number
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_____ Signature of License Holder (Handwritten Signature) Electronic digitally verified signatures are acceptable	_____ Date	_____ License Holder Email Address
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