



**Gilchrist County Building Department  
209 SE 1<sup>st</sup> Street Trenton, FL 32693**

**Contractor's Registration**

Qualifier Name	
Business Name	
Office Mailing Address	
Office Phone	
Cell Phone	
State License #	Expiration Date:
Liability Insurance Name	
Policy #	Expiration Date:
Worker's Compensation Insurance Name	
Policy #	Expiration Date:
Agents authorized to apply or pick up permits on my behalf:	
1. _____	
2. _____	
3. _____	

I have included a copy of my current State License, Liability Certificate and Workers Comp coverage.

I understand that it is my obligation to keep my current license and current insurance on file with Gilchrist County. If any of the above information changes I will notify the Gilchrist County Building Department.

\_\_\_\_\_  
Qualifier Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ . Personally know or Produced Identification \_\_\_\_\_.

Notary Seal:

\_\_\_\_\_  
Notary Signature