



**Gilchrist County Building Department
209 SE 1st Street Trenton, FL 32693**

Contractor's Registration

Qualifier Name	
Business Name	
Office Mailing Address	
Office Phone	
Cell Phone	
State License #	Expiration Date:
Company Email Address	
Agents authorized to apply or pick up permits on my behalf:	
1. _____	
2. _____	
3. _____	

A copy of current State License, Liability Certificate and Workers Comp coverage or exemption must be included with this registration form.

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