



BUILDING & ZONING Division
CONTRACTOR REGISTRATION RENEWAL and CONTRACTOR'S AFFIDAVIT

CITY OF SARASOTA
1565 1ST ST., 2ND FL Annex, SARASOTA, FL 34236
PHONE 941-954-4156, FAX 941-954-4178

COMPLETE AND SIGN THIS FORM, PROVIDE ALL OF THE ITEMS REQUESTED AND RETURN TO THE ABOVE ADDRESS.
Please note that your registration is **good for 2 years. From October 1st, until September 30th every 2 fiscal years.**

THIS FORM MAY NOT BE FAXED

Registration is **voluntary** for State Registered. Specialty Tradespersons mandatory. This form must be completed, and the affidavit sworn (or affirmed) and notarized.

IMPORTANT: The fee to renew your registration is \$50.00 for State Licensed Registered Contractors and \$150.00 for Specialty Tradesmen.

(CERTIFIED CONTRACTORS THERE IS NO FEE.)

License Holder's Name _____

Name of the Business (DBA) _____

Mailing Address _____ City, State, ZIP _____

Business Address _____ City, State, ZIP _____

Business Telephone Number _____ Fax Number _____

Cellular Telephone Number _____ E-mail _____

Type of Contractor _____ State License _____

CONTRACTOR'S AFFIDAVIT

UNDER OATH, I, _____, HEREBY SWEAR (OR AFFIRM) THAT ALL INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE; THAT ALL FORMS AND/OR COPIES ATTACHED ACCURATELY REPRESENT THE ORIGINALS AND HAVE NOT BEEN ALTERED IN ANY WAY; THAT I SHALL ASSURE UNDER PENALTY OF LAW THAT ANYONE HIRED TO WORK ON MY BEHALF SHALL EITHER BE EXEMPT UNDER FLORIDA STATUTE §440.05 OR BE COVERED BY WORKERS' COMPENSATION INSURANCE (AS PROVIDED IN FLORIDA STATUTES 440.10 & 440.38); THAT I SHALL ABIDE BY ALL LAWS, ORDINANCES, STATUTES AND CODES APPLICABLE TO THE WORK I PERFORM AND THAT ALL WORK PERFORMED BY ME OR ON MY BEHALF SHALL CONFORM TO ALL APPROPRIATE BUILDING CODES AND STANDARDS.

Signature of License Holder _____ Date _____

This oath must be Sworn (or Affirmed) by a Notary Public. The space below is for his or her use ONLY.

STATE OF FLORIDA, COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 201____, by _____.

Notary Seal:

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known [] OR Produced Identification []

Type of Identification Produced _____



BUILDING & ZONING Division AUTHORIZED AGENT RENEWAL (OPTIONAL)

CITY OF SARASOTA
1565 1ST ST. SARASOTA, FL 34236
PHONE 941-954-4156, FAX 941-954-4178

Please note that your existing agent authorizations expire with your registration on September 30th every **2** years. **You MUST COMPLETE AND RETURN YOUR RENEWAL FORM**, supporting documents and a sworn and notarized Contractor's Affidavit prior to using an Authorized Agent. Complete this page if you intend to continue using one or more agents.

List each authorized agent separately on one of the lines provided below.

You **DO NOT** need to have the signatures of Authorized Agents notarized; only the signature of the city-registered contractor must be notarized below.

A contractor may have **up to four (4)** Authorized Agents at any one time. You may change your Authorized Agents at any time by submitting a replacement form that has been signed and notarized. **(Please be aware that when you change your authorized agents the new form will replace the current names in our file.)**

I, (print or type contractor's name) _____, a contractor holding a valid registration to do business in the City of Sarasota, do hereby authorize the following to act as my agent(s) in submitting permit application's and obtaining permits:

PLEASE PRINT NAME OF AGENT(S)

SIGNATURE OF AGENT(S)

- | | |
|-----------|-------|
| (1) _____ | _____ |
| (2) _____ | _____ |
| (3) _____ | _____ |
| (4) _____ | _____ |

(ONLY 4 AGENTS ARE ALLOWED FOR EACH LICENSE)

IF YOU HOLD MULTIPLE REGISTRATIONS LIST ALL CITY REGISTRATIONS NUMBERS BELOW

I understand that I, as the licensed qualifier or registered Specialty Tradesperson, am solely responsible for any application submitted by my agent(s).

Contractor's Signature (must be notarized, below)

The city-registered contractor's signature must be notarized by a Notary Public. The space below is for his or her use ONLY.

STATE OF FLORIDA, COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 201____, by _____.

Notary Seal:

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known [] OR Produced Identification []

Type of Identification Produced _____