

## PRIVATE PROVIDER REGISTRATION

### Checklist

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Pasco County requires registration for all Private Providers before commencing work. Private Providers are responsible for keeping registration records current.

*Note: If the notice applies to either private plan review or private inspection services, the Building Official may require, at his or her discretion, the private provider is used for both services pursuant to Section 553.791(15) (b) Florida Statute.*

- Private Provider Registration Form**
- Employment Affidavit for Duly Authorized Representative(s) (DAR).**
- Copy of Florida license** for the business entity. *Screen print from DBPR website is acceptable.*
- Copy of the Professional Licenses** for each of the DAR personnel regulated by Florida Statutes chapter 481 (Architects), chapter 471 (Engineers), and chapter 486, Part XII (Building Code Administrators and Inspectors). *Screen print from the DBPR website is acceptable.*
- Copy of Business Tax Receipt** (if Business is located in Pasco County)
- Certificates of Insurance for Workers' Compensation, General Liability and Professional Liability** as required by FS 440.02(8) and FS 553.791(16), respectively.

You can submit this by email: [contractorlicensing@pascocountyfl.net](mailto:contractorlicensing@pascocountyfl.net)

If you have any questions, please contact Building Construction Services:  
**MAIN #: (727) 847-8126**

## PRIVATE PROVIDER REGISTRATION

### Registration Form

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**Name of Firm:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Federal Employer Identification Number (FEIN):** \_\_\_\_\_

### PRIVATE PROVIDER QUALIFIER

**Name of Qualifier:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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# Building Construction Services

## DULY AUTHORIZED REPRESENTATIVE (DAR)

### Employment Affidavit

This affidavit is required pursuant to F.S. 553.791 (8).

*The authorization(s) for the listed individual(s) will remain in effect, unless cancelled in writing, by the undersigned.*

Private Provider Name (Printed): \_\_\_\_\_

Private Provider License No: \_\_\_\_\_

I, \_\_\_\_\_, the Private Provider, do hereby affirm that the Duly Authorized Representatives listed are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

\_\_\_\_\_  
Printed or Typed Name of Private Provider

\_\_\_\_\_  
Signature of Private Provider

### NOTARY

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

(NOTARY SEAL)

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Printed or Typed Name of Notary Public