



HIGHLANDS COUNTY BUILDING DEPARTMENT

**CONSTRUCTION LICENSING, ENFORCEMENT  
AND APPEALS BOARD  
REGISTRATION PROCEDURES**

**Reciprocity**

**PART ONE**

A letter of reciprocity must be sent directly to us from the county you took the exam in. A minimum score of 75.0% is required on both the Trade and Business exam.

**PART TWO**

Consist of completing the application along with a photograph of the qualifier. We need current liability insurance and workers compensation or exemption, a copy of your state registration if you are one of the trades addressed in Chapter 489 and the required registration fee.

Note: If someone other than the license holder is going to obtain permits a letter of authorization or power of attorney is needed.

Fee Schedule

General & Building Contractors \$80.00  
Contractors addressed in Chapter 489 \$55.00  
Specialty Contractors and Journeyman \$30.00

HIGHLANDS COUNTY BUILDING DEPARTMENT  
P.O. BOX 1926  
501 S. COMMERCE AVENUE  
Suite 1  
SEBRING, FL 33871  
863-402-6643

DATE OF APPLICATION \_\_\_\_\_

HIGHLANDS COUNTY BUILDING DEPARTMENT  
APPLICATION FOR REGISTRATION

**Reciprocity**

OFFICE USE ONLY

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LICENSING BOARD:

Meeting Date: \_\_\_\_\_ Approved: 9 Not Approved: 9  
Block Exam: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Exam Grade: \_\_\_\_\_  
Location: \_\_\_\_\_ Business & Law: \_\_\_\_\_

**APPLICANT INFORMATION**

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Category: \_\_\_\_\_  
Trade Years of Experience

Applicant's Name: \_\_\_\_\_

Residential Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ FEID: \_\_\_\_\_

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Applicant's signature

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ who is personally  
known to be or produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public