

License Verification



Complete License Verification Process

The License Verification process is for current County registered Licensed Professionals to create a license record. The completion of this process will allow Licensed Professional the ability to keep their contractor information up to date as well as be added to permit applications. This is a one-time process.

The steps listed below provide instructions on how to complete the License Verification process:

- 1) Log in to the <u>portal</u>.
- 2) Select **New** from the left menu and select **Contractor License Application**



3) Review the **Conditions & Use for Online Services** and select the box next to 'I have read and accepted the above terms' to accept.



- 4) Select **Continue Application** to proceed to the **Select a Record Type** page.
- 5) Enter 'verification' in the search box and select Search or select License Verification from the Contractor License menu. Select the circle next to the application type and select Continue Application to proceed to Application Information page.

Select a Record Type	
Choose one of the following available record types. For assistance or to apply for a record type not listed below please contact us.	
verification T Search	
Contractor License Cuerse Verification	
Continue Application •	

- 6) Enter the license number provided by the State or Hillsborough County into the **License Number** field.
- 7) Select **Continue Application** to proceed to the **Update Contact Information** page.

1 Step 1	2 Review	3 Pay Fees	4 Record Issuance
Step 1:Step 1>License Verific	ation		
Select your Account Information as the Licens	e Applicant. This will be the same contact informa	tion as on your new Hillsborough County Citizen Access	s account.
Enter the License Number you currently hold	with Hillsborough County. The system will verify th	re number and you are ask to attest this is your License a	and are requesting this will be associated with your user online permitti
			 indicates a
License Applicant			*indicates a
License Applicant			*indicates a
License Applicant	1000/701		*iedcates a
License Applicant	893954342		*indones a
License Applicant	899356142		*indozes a

8) Verify the contact infomation fields are correct and update as needed. Required fields are marked with a red asterisk.

Update Contact Information	
UPDATE CONTACT INFORMATION	
*First Name:	Long
Middle Name:	R
*Last Name:	Cuble
Full Name:	
Organization Name :	XXM ALDRINGH INC
*Address Line 1:	22/3 FOLD HEARDING OF ANY 1
Address Line 2:	
*City:	1079EX
* State:	R.
*Zip Code:	33564
Enait	LABERTRENINGACK.COM_TURNEDOFF
*Dusiness Phone:	83365754
Mubile Phone	
Fac	

- 9) Review the **Applicant Attestation** and select the check box to confirm acknowledgement.
- 10) Select **Continue Application** to proceed to the **Validate License Information** page

APPEICANT ATTESTATI	2N		
Application Attestation: I	certify that I am empowered to		
execute this application a	nd will comply with all applicable		
state and local codes and	laws regulating construction in		
Hillsborough County, Und	er penalty of perjury, provided for		
in Section 837.06, Florida	Statutes, I declare that all		
information provided in th	is application, including all		
attached and independent	ly submitted documents, is true,		
accurate, and complete. I	understand that the inclusion of		
any false or misleading in	formation will render this		
application null and void a	ind may result in criminal penalty		
or administrative action, is	cluding suspension or revocation		
of my contractor's license	. I certify my general liability,		
worker's compensation or	exemption, and any other		
requirements for active st	atus will remain current and in		
alloct			

 Verify all pre-populated fields in the top License Information section and update as needed. Complete all required fields.



HillsGov**Hub**

12) Complete all required fields in the **Testing Information** section.

Select 🔻
Select 🔻

Select
Select

13) Verify all pre-populated fields in the bottom **License Information** section and update as needed. Complete all required fields.

Please note: This section is only available for State Registered Licenses.

14) Select **Continue Application**.

License Information		
LICENSE INFORMATION		
State License Number: *	850067046	
State License Expiration: *	08/35/2021	
Save and resume later		Continue Application

- 15) Review the application. If changes are needed, select **Edit** to edit the applicable section of the application.
- 16) Select Continue Application.

License Verification			
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Stop 2 : Realized			
310p 2. Noview			
			Serve and resume later Continue Application +
Please review all information below. Click the 'Sdit' barrons to m	take changes to sections or 'Continue Application'	to move on.	
Record Type			
	Ucense	Verification	
License Applicant			
DOME WIRE ATON			Cold
La se se manader.	AND DOTE		
Update Contact Information			
UPSATE CONTACT INFORMATION			F-64
First Name:	Brace		
Hiddle Name:	Tyler		
last Name:	Johnson		
ul Name:			
Drganization Name :	8-3 ALUMINUM SERVICE INC		
Address Line 1:	614 KING HENRY CT		
Address Line 2:			
City:	SEFFNER		
State	R.		
Zp Code:	33584		
Ernal:	Behappynewport@gmail.com_TURNEDOFI		
Business Phone:	8139248126		
Nobile Phone:	8136894829		
Fair	8136894829		
Applicant Attestation			
APPLICANT AUTOMICAN			141
Application. Atsociation: I cently that I are empowered to esercise this application and will comply with all applicable tasks and local codes and laws regulating construction in Hilbborough County. Under penalty of parjary, provided to Section 602706, Thords Satiston, I declare that all informatic provided in this application, including all atsoched and independently submitted documents, in true, accounts, and complex, Lendersand that the inclusion of any false	Yes r Im m		
mibilizing information will render this application rull and valid and may result in criminal penalty or administrative control including suggersion or evocation of my contracts license. Lorthy my general liability, worker's compensation econoption, and any other negatiments for active status wi remain current and in effect:	r's - or II		

17) The system will display a message and send an email confirmation the **License Verification** process was completed.

\oslash	Your application(s) has been successfully submitted. Rease print your record(s) and retain a copy for your records.
No Addr	ess
No Addr	ess

