



Development Services Department  
1015 Cultural Park Blvd  
Cape Coral, FL 33990

## STATE CERTIFIED CONTRACTOR REGISTRATION

Please fill out and return this application along with a copy of the Certified Contractor's License and a clear copy of the qualifier's driver's license. The complete packet may be submitted via email to:

[ContractorRegistration@capecoral.gov](mailto:ContractorRegistration@capecoral.gov) Tel: 239-574-0870

QUALIFIER NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

DBA (IF APPLICABLE): \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE LICENSE#: \_\_\_\_\_

QUALIFIER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Pursuant to Section 117.05(13)(a), The following notarial certificates are sufficient for the purposes indicated, if completed with the information required by this chapter. The specification of forms under this subsection does not preclude the use of other forms.

(a) For an oath or affirmation:

### NOTARY

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_,  
who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein  
expressed. He/she is \_\_\_\_\_ personally known or \_\_\_\_\_ procured Identification. Type of ID \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

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