



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 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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