



State Certified License Holders

**Please fill out the following information and leave no blank spaces. The information below will appear in the St. Johns County internal and external database.
(Except for Date of Birth!)**

License holder's Name: _____

Mailing address: _____
Street _____ City/State _____ Zip Code _____

Email address: _____

Cell Phone #: _____ Business Phone #: _____

Date of Birth: _____ Contractor License #: _____

Company Name: _____

D.B.A.: _____

*****VERY IMPORTANT - ALL PAPERWORK MUST REFLECT YOUR COMPANY NAME EXACTLY AS IT APPEARS ON YOUR STATE LICENSE. It is a violation of F.S. 489.129 to preform contracting in a name that does not appear on your state license. *****

NOTE TO LICENSED CONTRACTORS: *Falsifying any information provided herein may subject your license permitting privileges to revocation.* Under penalty of perjury, I declare that the facts stated here are true.

Signature of Applicant

Date

STATE OF FLORIDA COUNTY OF ST. JOHNS

NOTARY as to Contractor below:

Sworn to or affirmed and subscribed before me

This _____ Day of _____ 20 _____

Notary Signature

Commission Number & Expiration

Date

Building Department

4040 Lewis Speedway, St. Augustine, FL 32084
904.827.6800 | www.sjcfl.us