



### 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](http://www.sjcfl.us)