



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: _____

Phone #: _____ Business #: _____

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 perform 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