



PRIVATE PROVIDER REGISTRATION FORM

Private Providers are responsible for keeping registration records current

License holder: _____
Last Name
First Name
MI

Name of Company: _____

Mailing Address: _____
Street
City
State
Zip

Phone #: _____ Business #: _____ Fax#: _____

Email Address (required): _____

State license #: _____

 License Holder Signature

 License Holder Printed Name

Only one license holder per form.	Inspector Licenses						Plan Examiner Licenses					Other Professional Licensees	
Multiple license numbers for the same individual may be listed. Please do not list all licenses unless all licensed will be utilized. Please check each box that pertains to your license(s).	Building	Electrical	Mechanical	Plumbing	Residential	Coastal construction	Building	Electrical	Mechanical	Plumbing	Residential	Building Code Administrator	Professional Engineer

Building Department

4040 Lewis Speedway, St. Augustine, FL 32084

904.827.6800 | www.sjcfl.us