



FILING OF STATE CERTIFIED CONTRACTORS

Please complete the following form and return the **ORIGINAL signed and notarized** to St. Lucie County Contractor Licensing Department, along with the checklist below:

LICENSED QUALIFIER NAME	
<u>COMPLETE</u> HOME ADDRESS	
HOME PHONE	
E-MAIL ADDRESS	

BUSINESS NAME	
<u>COMPLETE</u> BUSINESS ADDRESS	
BUSINESS PHONE AND FAX	
E-MAIL ADDRESS	

Please make sure that the Business Entity Name, Workers' Compensation and Liability insurance, all match the State Certified License.

1. Provide a Certificate of Insurance for Workers' Compensation and General Liability directly from the Insurance Company with the certificate holder's address reflecting as follows:

St. Lucie County Contractor Licensing, 2300 Virginia Avenue, Fort Pierce, FL 34982

2. Provide a copy of the License provided by the Florida Department of Business and Professional Regulation.
3. A clear **copy** of the qualifier driver's license.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification.

Licensed Contractor Signature

Signature of Notary