



CITY OF CAPE CORAL

Department of Community Development /Code Compliance/Licensing

STATE CERTIFIED CONTRACTOR REGISTRATION

Revised 7/26/2017

Please fill out and return ***ORIGINAL*** application along with copy of the Certified Contractor's license, Insurance Certificates for Liability and Worker's Compensation or exemption, Business Tax Receipt from your office location and clear copy of qualifier's drivers license.

QUALIFIER'S NAME: _____

COMPANY NAME: _____

DBA (IF APPLICABLE): _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PH#: _____ OFFICE FAX#: _____

CELL PH#: _____ EMAIL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP: _____

STATE LICENSE #: _____

QUALIFIER'S SIGNATURE

DATE

STATE OF FLORIDA
COUNTY OF _____

Certified and Subscribed before me on this _____ day of _____, 20____ by _____
_____. He/she is personally known to me or has produced
a _____ as identification.

Notary Public Signature: _____

Notary Seal: