



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:

BUSINESS NAME	
COMPLETE BUSINESS ADDRESS	
BUSINESS PHONE AND FAX	

LICENSED QUALIFIER NAME	
COMPLETE HOME ADDRESS	
HOME PHONE	
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. Provide a \$25.00 annual Filing Fee payable to: St. Lucie County.
4. A copy of the qualifier drivers licensed must be signed and notarized

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