



# Board of County Commissioners

DEPARTMENT OF GROWTH MANAGEMENT

Building Division – Contractor Licensing

3600 W Sovereign Path, Lecanto, FL 34461-8070

Phone: (352) 527-5310 (Option #3)

Email: [licensing@citrusbocc.com](mailto:licensing@citrusbocc.com) Web: [www.citrusbocc.com](http://www.citrusbocc.com)

## QUALIFYING CONTRACTOR INFORMATION SHEET

Please provide us with the following information (**use black ink only**):

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City	County	State	Zip Code
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Home Address: \_\_\_\_\_

City	County	State	Zip Code
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Office Tel. #: \_\_\_\_\_ (Required)      Qualifier's Cell #: \_\_\_\_\_ (Required)

E-Mail: \_\_\_\_\_ (Required)

State License #: \_\_\_\_\_ Competency Card # \_\_\_\_\_ (if no State License)

**Name of people authorized to sign on company's behalf. If no one is authorized other than qualifier, state NONE**


\_\_\_\_\_  
Qualifying Contractor Signature

\_\_\_\_\_  
Printed Name

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

BEFORE ME, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared .

\_\_\_\_\_ who affirms that the information provided herein is true and correct and that he/she is the authorized Qualifier for the above-named qualifying company, who is personally known to me, or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
NOTARY PUBLIC