

FILING OF STATE CERTIFIED CONTRACTORS

Please complete the following form and return it via email to: contractor_licensing@stlucieco.org or mail to the St. Lucie County Contractor Licensing Department along with the documents on the check list below:

LICENSED QUALIFIER NAME:	
<u>COMPLETE:</u>	
HOME ADDRESS	
HOME PHONE	
EMAIL ADDRESS	

BUSINESS NAME:	
<u>COMPLETE:</u>	
BUSINESS ADDRESS	
BUSINESS PHONE AND FAX	
EMAIL ADDRESS	

Please make sure 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 from the insurance company with the certificate holder's address reflecting as follows:

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

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

***Email used as the business email will be the username to access the CSS Portal Once registration has been processed.**

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

 Licensed Contractor Signature

 Signature of Notary