

HERNANDO COUNTY
FLORIDA ENGINEER AND ARCHITECT LICENSE REGISTRATION

(PLEASE PRINT LEGIBLY)

DATE: _____

NAME AS IT APPEARS ON THE STATE LICENSE: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

BUSINESS PHONE # _____ CELL PHONE # _____

EMAIL ADDRESS: _____

LICENSE #: _____ (A copy of the state license certificate is required).

LICENSE TYPE: _____ Rank: _____

EMAIL FORM TO: contractorlicensing@hernandocounty.us

I hereby confirm the above state information is true and correct to the best of my knowledge.

Signature of License Holder

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, _____, by _____.

☐ Personally Known OR ☐ Produced Identification

Type of Identification Produced

Signature of Notary Public

(Notary Seal)