



QUALIFIER UPDATE FORM
Change of Address / Telephone / Fax / E-Mail

State License #: _____

Qualifiers Name: _____

Company Name: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

E-Mail address: _____

Qualifiers Signature: _____

Please return the Qualifier update form to:

Lake County Building Services Division
PO Box 7800
315 W. Main Street, Room 511
Tavares, Fl 32778
(Tel) 352-343-9653 (Fax) 352-343-9771

Or you may email or fax to:
Email: mylicense@lakecountyfl.gov
Fax number (352) 343-9771