



Office of Building Services

(Tel) 352-343-9653 (Fax) 352-343-9771

Email: mylicense@lakecountyfl.gov

QUALIFIER CONTACT INFORMATION/ UPDATE FORM

State License #: _____

Licensee's Name: _____

Company Name: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

E-Mail address: _____

The information listed above will be the contact information of record for the license holder. Please notify Lake County Office of Building Services of any changes to the contact information listed above.

Licensee's Signature: _____

(Must be signed by the license holder)

The forgoing instrument was acknowledged before me this ____ day of _____, 20____ by _____ who is personally know to me or has produced _____ as identification and who did ____ or did not ____ take an oath.

Notary Public

(seal)