



Board of County Commissioners

DEPARTMENT OF DEVELOPMENT SERVICES

Web Address:

http://www.bocc.citrus.fl.us/devservices/building/building_division.htm

QUALIFYING CONTRACTOR INFORMATION SHEET

To Whom It May Concern:

For State Registered, Specialty & Certified Contr.

(Please fill out for current Record)

Questions? Call (352)527-5332

(352)527-5317 Fax

Mail To: Citrus County Building Division

3600 W. Sovereign Path

Suite 111

Lecanto, FL. 34461

Attn: Licensing Section

In order to maintain our file, it is necessary that you provide us with the following information:

Company Name: _____

Business Mailing Address: _____

_____ City State Zip Code

Home Address: _____

_____ City State Zip Code

Business Phone: () _____ Fax #: () _____ Pager: _____

Cell-Phone: () _____ E-Mail: _____

Number of Field Construction Employees: _____

(List employees on separate sheet for issuing of **Blue Cards**, required to be carried on Citrus County jobs.)

Name of people authorized to sign if applicable (or state No one) (List will supersede existing list on file)

State Certified #: _____ Qualified Business License#: _____

Citrus Competency Card #: _____ State Registration #: _____

Qualifying Contractor sign here: X

Subscribed and affirmed before me this _____ day of _____,

By _____ who produced _____

As identification and who did not take an oath.

Signature of Notary Public Commission Number Seal