



**LAKE COUNTY BUILDING SERVICES DIVISION
315 W. MAIN STREET, ROOM 511
PO BOX 7800
TAVARES, FL 32778**

(Tel) 352-343-9653 (Fax) 352-343-9771
Email: mylicense@lakecountyfl.gov

QUALIFIER CONTACT INFORMATION FORM
Address / Telephone / Fax / E-Mail

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 Building Division of any changes to the contact information listed above.

Licensee's Signature: _____

(Must be signed by the license holder)