



CITY OF CLERMONT
Development Services
685 W. Montrose St.
P.O. Box 120219
Clermont, FL. 34712-0219
352-394-4083
Fax: 352-394-3542

QUALIFIER REGISTRATION FORM
CHANGE OF ADDRESS/TELEPHONE/FAX/E-MAIL
ONLINE REGISTRATION

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:

STATE OF FLORIDA

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

(Seal)

Notary Public Signature

Upon receipt of the notarized Authorized Registration Form, a temporary password will be e-mailed to the license holder listed on this form. It is the sole responsibility of the license holder to know who is applying for permit under his license.

Temporary Password: ___ (assigned by the City of Clermont)