



# CITY OF PANAMA CITY BEACH

Building and Planning Department

## STATE CERTIFIED CONTRACTOR QUALIFIER FORM

License Holder / Qualifier Name: \_\_\_\_\_  
(Last) (First) (Middle)

State License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_ Cellular: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(PLEASE PRINT ALL INFORMATION ON QUALIFIER ONLY)

I certify the above information is accurate and true to the best of my knowledge.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Requirements for State Certified Contractors

- Copy of State License issued by the Department of Business Professional Regulation
- Copy of Occupational License or Business Tax Receipt issued in any Florida city/county/municipality
- Copy of Driver's License
- Copy of Workers' Compensation or Exempt Card

*Certificate holder should be:* City of Panama City Beach Building Department  
116 South Arnold Street  
Panama City Beach, FL 32413

- Notarized letter stating who can pull permits or call for inspections under Qualifier's license number, if applicable.

#### FOR OFFICE USE ONLY:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Building Official or Designee Signature)