



CITY OF PANAMA CITY BEACH

Building and Planning Department

QUALIFIER FORM

Qualifier's Name: _____
(Last) (First) (Middle)

Business Name: _____

Business Address: _____
City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Business Telephone: _____ Cellular: _____

State License Number: _____

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
- Copy of Occupational License or Business Tax Receipt from any Florida city or county
- Copy of Driver's License
- Copy of Workers' Compensation or Exempt Card
- Notarized letter stating who can pull permits or call for inspections under Qualifier's license number, if applicable.

FOR OFFICE USE ONLY	
Approved By: _____ (Building Official Signature)	Date: _____