

DATE OF APPLICATION _____

HIGHLANDS COUNTY BUILDING DEPARTMENT
APPLICATION FOR REGISTRATION

Applicant

OFFICE USE ONLY

LICENSING BOARD:

Meeting Date: _____ Approved: 9 Not Approved: 9
Block Exam: _____ Exam Date: _____ Exam Grade: _____
Location: _____ Business & Law: _____

APPLICANT INFORMATION

Category: _____
Trade Years of Experience

Applicant's Name: _____

Residential Mailing Address: _____

City: _____ County: _____ Zip: _____

Res. Phone: _____ D.O.B. _____ S.S. # _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ FEID # _____

Applicant's signature

The foregoing instrument was acknowledged before me this _____ day of
_____ 20____ by _____ who is personally known
to be or produced _____
as identification.

Revised: 12/22/04 f: word/applicant.doc

Notary Public