



CITY OF ST. CLOUD
 1300 9TH ST., ST. CLOUD, FL 34769
 PHONE: 407-957-7224 FAX: 407-957-8412

APPLICATION FOR ARCHITECT / ENGINEER REGISTRATION

DOCUMENTS TO SUBMIT WITH APPLICATION

State License

1. Business Information

Business Name		Business Owner
Address	City/State/Zip	Phone
Email		

2. License Holder/Qualifier Information

Name	Type of State License	License Number	
Phone (if different from above)	Driver's License Number	Issuing State	Date of Birth
License Holder Print	License Holder Signature		Date

STATE OF FLORIDA
 COUNTY OF _____
 The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this __ day of _____, 20__ by _____, who is personally known to me or who has produced _____ as identification.

 Signature of person taking acknowledgment

 Name typed, printed or stamped

 Title or rank

 Serial number if any

THERE IS NO FEE FOR THIS REGISTRATION.

REGISTRATION EXPIRES WHEN THE DOCUMENTS EXPIRE.
 PLEASE NOTE – IT IS THE ARCHITECT/ENGINEER RESPONSIBILILTY TO PROVIDE THE BUILDING DEPARTMENT WITH UPDATED COPIES OF STATE LICENSE(S), PERMITS MAY NOT BE ISSUED AND INSPECTIONS WILL BE HELD UNTIL UPDATED INFORMATION IS PROVIDED AND REGISTRATION FEE IS PAID.