city of PALM COAST

Community Development Department
Building Services Division

160 Lake Avenue
Palm Coast, FL 32164
386-986-3780

QUALIFIED INDIVIDUAL LICENSE / CERTIFICATION ATTACHMENT
(one attachment per qualified individual)

This attachment must accompany the Private Provider Registration Form. A copy of the applicable Florida professional license or certification must be provided for each qualified individual performing Private Provider services.

Private Provider Firm Name (if applicable): _____

QUALIFIED INDIVIDUAL INFORMATION

Individual's Full Name: _____

Florida License / Certification Type: _____

License / Certification Number: _____

Expiration Date (if applicable): _____

☐ Copy of Florida professional license or certification attached.