BUSINESS AFFIDAVIT

The undersigned hereby makes application for licensure and vouches for the truth and accuracy of all statements and answers herein contained.

The undersigned hereby certifies that he/she will act only for himself/herself, or that he/she is legally qualified to act on behalf of the business organization sought to be certified in all matters connected with its contracting business and that he/she has full authority to supervise construction undertaken by himself/herself or such business or organization, and that he/she will continue during this certification to be able to so bind or act for this business organization, and will immediately notify the Board of any change in this position.

Any willful falsification of any information contained in this application or an attached form is grounds for disqualification.

Name of Business _____

_____
Printed Name of License Holder

_____
(Notarized) Signature of License Holder

STATE OF FLORIDA

COUNTY OF _____

Sworn and subscribed to before me this _____ day of _____, 20_____ who is personally known to me or has produced as identification _____.

(Seal/Stamp)

_____
Signature of Notary

_____
Print Name of Notary