



City of Jacksonville
 Planning and Development
 Building Inspection Division

Approved by: _____ Date Approved: _____
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Design Professional Online Access Registration

Registration Information	
Company Name _____	
Licensee name (print) _____	
Mailing Address _____	
_____	City/State/Zip
Business Address _____	
_____	City/State/Zip
Telephone Number (_____) _____	Fax number (_____) _____
Email address _____	
Alternate Contact (if applicable): _____	
	Name/Position
Telephone Number (_____) _____ Email address _____	

Licensee Verification	
Signed: _____ <div style="text-align: right; margin-top: 10px;">Licensee</div>	Before me this ____ day of _____ in the County of Duval, State of Florida, has personally appeared _____ herein by himself/herself and affirms all statements and declarations herein are true and accurate. _____ Notary Public at Large, State of _____, County of _____ Personally known _____, or Produced Identification _____ ID Type: _____
Date: _____	