APPLICATION FOR INACTIVE STATUS

Contractor Licensing Development Services Division Post Office Box 398 Fort Myers, Florida 33902 Telephone: (239) 533-8895

Applicant's Name:			License #		
Applicant's Address:_	Street	City	State	Zip	
E-Mail Address:		,			
Business No Longer (Qualified:				
Business Address:					

I do not believe that placement of my certificate on inactive status will cause harm to the public because the business entity formerly qualified by my certificate is:

no longer in business

____ will be qualified by: _____

certificate # _____

____ other:_____

I understand that an inactive certificate is valid for a period of one year (through September 30th) and must be renewed annually by payment of the appropriate fee or it will lapse.

Applicant's Signature: _____ Date: _____

Inactive Fees:

Aug/Sept	October	November	December	January	February	March
\$18	\$29	\$31	\$32	\$34	\$35	\$36