



**Contractors Certification Division**  
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 Telephone: (561) 233-5525  
[www.pbcgov.com/pzb/contractors](http://www.pbcgov.com/pzb/contractors) (website)  
[PZBCCERT@pbcgov.org](mailto:PZBCCERT@pbcgov.org) (email)

## Change of Address Form

Date: \_\_\_\_\_

Please use this form to update any information that is necessary, have qualifier sign and notarize for our records. Check the box of information in which you are requesting to update.

Palm Beach County Certificate of Competency or State of Florida Certified Number:		
Business Name:		
Qualifier's Name:		
<u>New Residential Address:</u>		
City	State:	Zip code:
<u>New Business Address:</u>		
City:	State:	Zip code:
Contact Number:	Business Telephone Phone:	Business Fax:
E-Mail Address (personal & business):		

I swear that the information provided in this change of address form to be true and correct.

Qualifier's Signature: \_\_\_\_\_

*STATE OF FLORIDA*                     )  
*COUNTY OF PALM BEACH*        )

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_  
 by (printed name of affiant above) \_\_\_\_\_.  
 Personally known  or has produced identification \_\_\_\_\_. Type of  
 identification: \_\_\_\_\_.

\_\_\_\_\_  
*Notary Public - State of Florida*