



City of Jacksonville
Planning and Development
Building Inspection Division

Approved by: _____
Date Approved: _____

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: _____ Licensee	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.
Date: _____	_____ Notary Public at Large, State of _____, County of _____ Personally known _____, or Produced Identification _____ ID Type: _____