



## **Contact Merge Authorization Form**

Company Name: \_\_\_\_\_

License Holder/Qualifier Name: \_\_\_\_\_

State License Number: \_\_\_\_\_

**Current** email associated with license/qualifier: \_\_\_\_\_

**New** email associated with license/qualifier: \_\_\_\_\_

\*Note: Before submitting this form, ensure that the new email is registered in our CSS portal under the qualifier's name. If the email isn't registered, this form will not be processed. Please note that once the account is created and linked to that email, it cannot be changed.

**SUBMIT FORM TO:** [ContractorRegistration@capecoral.gov](mailto:ContractorRegistration@capecoral.gov) or in person.

### **Verification Pursuant to Section 92.525, Florida Statutes**

Under penalties of perjury, I declare that I have read the foregoing and that the facts. Stated in it are true to the best of my knowledge and belief.

\_\_\_\_\_  
Qualifier's name

\_\_\_\_\_  
Qualifier's signature

\_\_\_\_\_  
Date