FLORIDA GULF COAST UNIVERSITY
AFFIDAVIT OF LICENSED SUBCONTRACTORS AND SUBSUBCONTRACTORS

PROJECT NO:
PROJECT NAME:
CONTRACTOR:
CONTRACT DATE:
CONTRACT AMOUNT:

CONTRACTOR’S AFFIDAVIT

I solemnly swear and affirm: That the Work under the above named Contract has been completed in accordance with the requirements of Section 3.4.4 in the General Conditions of the Contract, requiring all subcontractors and sub-subcontractors to hold all required licenses to work in Lee County, Florida or hold the required licenses issued by the State of Florida.

CONTRACTOR:
________________________________________ (SEAL)
Title: ______________________________________
Date: ____________________________

STATE OF:
COUNTY OF:
Personally appeared before me this _____ day of ______________, _________
______________________________________, know or made known to me to be the
__________________________________________________________________ of
(Owner) (Partner) (Corporate Officer-Title)

__________________________________________________________________,
Contractor(s), who, being by me duly sworn, subscribed to the forgoing affidavit in my presence.

___________________________________
(Notary Public)

__________________________
(Type Name)
My Commission Expires: _____________

May 2016