

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 Contact, 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: _____