______, the qualifier or authorized agent for Qualifier or Authorized Agent

Business Name (as listed on State license)

Acknowledge and certify that the above licensee will be the contractor of record for the following address (if the address is not available please provide the parcel ID number):

Project Address

Signature of Qualifier or Authorized Agent

Please Note: The qualifier or authorized agent of the qualifier must complete and sign the document above. The completed and signed document must be scanned and uploaded to the project.

Growth Management Department | Building Inspection Division | Phone: (850)891-7001 option 2 | Fax: (850)891-0948 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301

State of Florida Contractor License #

Date

1

Parcel ID Number

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