

DATE

NOTICE: The original notarized document must be on record and may be mailed or hand delivered. Or a digital notary may apply their credentials and electronically submit the form.

Name of Firm Licensed:	
Private Provider:	Title:
Private Provider License Number:	
	GENT(S) NAME blease print or type)
1	6
2	
3	
4	9
5	
	luct plan review and inspection within their license category. ivate provider to keep this information current and resubmit nge needs to be made to the above list of individuals.

STATE OF	COUNTY OF	
The foregoing instrument was acknowledged	before me by	
who is personally known to me or h	as produced	
as identification and who did not take an oath	1.	
WITNESS my hand and official seal this	day of	A.D., 20
Notary Public Signature		Notary Public Seal
Growth Management Department Building Inspecti Location: 435 N. Macomb Street, Tallahassee, FL		

SIGNATURE OF PRIVATE PROVIDER