CITY OF TALLAHASSEE
GROWTH MANAGEMENT
ACCREDITED

Mailing : 300 South Adams St., B-28
Tallahassee, Florida 32301

www.talgov.com

APPLICANT SERVICES
(850) 891-7125
FAX: 891-0948
BUILDING INSPECTION
(850) 891-7050
FAX: 891-7099

Location: 435 N Macomb St.
Tallahassee, Florida 32301

CONTRACTOR AUTHORIZATION FORM

Name of Firm Licensed: _____

Qualifier: _____ Title: _____

Qualifier's License Number: _____

AGENT(S) NAME
(please print or type)

1. _____ **6.** _____

2. _____ **7.** _____

3. _____ **8.** _____

4. _____ **9.** _____

5. _____ **10.** _____

The above named individuals are authorized to sign for permits and transact business for the company identified above. I understand that it is my sole responsibility as the qualifying contractor to keep this information current and resubmit a new accurate authorization form each time a change needs to be made to the above list of individuals.

_____ _____
SIGNATURE OF QUALIFIER DATE

STATE OF, _____ **COUNTY OF:** _____

The foregoing instrument was acknowledged before me by _____

who is personally known to me or who has produced _____

_____ as identification and who did not take an oath.

WITNESS my hand and official seal this _____day of _____A.D., 20_____.

_____
Notary Public State of Florida at Large