

Name of Firm Licensed: _____

Qualifier: _____ Title: _____

Qualifier's License Number: _____

BUSINESS NAME AND LICENSE for DESIGNATED CONTRACTOR
(as registered with the State of Florida - please print or type)_____
Business Name_____
License Number

The above "designated contractor" is authorized to sign for Alternative Energy permits and transact business for the "Firm" identified above. I understand 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.

Choose one:

_____ *This Authorization is only valid for job address:* __________ *This is a Blanket Authorization for all Alternative Energy Permits submitted by the above listed Business.*

Qualifier Signature: _____ Date: _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me by _____

who is [] personally known to me or [] 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 Signature*_____
Notary Public Seal