



UNIVERSITY OF FLORIDA
SIGNATURE AUTHORIZATION
FORM

- SUBMIT completed form to: codes@ehs.ufl.edu
Type or print

SECTION I - Qualifier Information

Qualifier Name: FL Contractor's License #:
Company Name: Qualifier Email:
Company Address: City: State: Zip:
Company Phone:

SECTION II - Approved Agent(s) Contact Information

Table with 3 columns: Agent Name, Agent Email, Agent Phone. Multiple empty rows for data entry.

SECTION III - Qualifier's Statement

I understand that by signing this instrument, I am authorizing UF EH&S Building Codes Enforcement Program to process permit documents and/or issue building permits based on the signatures of the agent(s) listed above. I further understand that as the license holder, I am fully responsible and legally bound for all acts performed under my license number including those of the agent. I also understand that I am responsible for updating this form if agents listed above should change and that this form will supersede all previous versions submitted to EH&S.

Qualifier's Signature

Date

STATE of \_\_\_\_\_; County of \_\_\_\_\_; Sworn to (or affirmed) and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by, \_\_\_\_\_ (printed name of Licensed Qualifier) that is \_\_\_ personally known by me or has \_\_\_ produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

Notary Seal