



**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

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