UNIVERSITY OF FLORIDA
SIGNATURE AUTHORIZATION FORM

- **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

Agent Name	Agent Email	Agent Phone

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