



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

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

SECTION III - License Holder'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