AUTHORIZATION FORM

Date: _____________________

Name of license holder: _______________________________________________________

County Certificate # or State License # ___________________________________________

The following person(s) are authorized to sign for permits for the above referenced license holder. All person(s) authorized to sign must produce a valid Driver’s License or Government issued photo ID card. This Authorization is for Permit Applications only.

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<th>NAME(S): PLEASE PRINT</th>
<th>SIGNATURE(S):</th>
<th>RELATIONSHIP</th>
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Authorization forms are good 12 months of dated form. (Unless otherwise specified if less than 12 months _____________)

_____________________________________________________
Signature of Contractor

STATE OF FLORIDA

COUNTY OF ________________________________________

Sworn to (or affirmed) and subscribed before me this _____ day of ____________, _____ (year),

by ________________________________________________
Name of person making statement

Signature of Notary Public - State of Florida

_____________________________________________________

Print, Type, or Stamp Commissioner Name of Notary Public

☐ Personally Known
☐ Produced Identification ___________________________ Type of Identification Produced