

# Signature Authorization Form

**SUBMIT COMPLETED FORM TO: [codes@ehs.ufl.edu](mailto:codes@ehs.ufl.edu)**

**APPLICANT INFORMATION**

Qualifier Name: \_\_\_\_\_ Florida Contractor's License No: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Qualifier Email: \_\_\_\_\_  
Company Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone: \_\_\_\_\_

**AGENT(S) NAME**  
(type or print)

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

***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 I as the license holder am fully responsible and legally bound for all acts performed under my certificate 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.***

\_\_\_\_\_  
SIGNATURE OF QUALIFIER

\_\_\_\_\_  
DATE

***Notary Information***

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

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

Seal