|  |  |
| --- | --- |
| FSU Color_Seal_125x125 | *Department of Environmental Health & Safety*Building Code Administration124 Mendenhall Building “A” Phone: 850-644-7686 Tallahassee, Florida 32306-4154 Fax: 850-644-4238Web: [www.safety.fsu.edu](http://www.safety.fsu.edu) E-Mail: Buildingcode@admin.fsu.edu |

**CONTRACTOR AUTHORIZATION LETTER**

**(This authorization supersedes all previous authorizations on file with FSU Building Code Administration)**

|  |  |  |
| --- | --- | --- |
|       |  |  |
| Printed Name of Qualifier |  | Signature |
|       |  |       |
| Company Name |  | Telephone Number |
|       |  |       |
| State Contractor’s License Number |  | E-Mail Address |

The below named individuals are authorized to sign for permits and transact business for the company identified above. I understand that it is my responsibility as theQualifying Agent to keep this information current and to submit a new Authorization Letter each time a change needs to be made to the below list of individuals. I also understand that as the Qualifying Agent I am responsible for all permits pulled and work done.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. |       |  | 2. |       |
|  | Printed Name |  |  | Printed Name |
| 3. |       |  | 4. |       |
|  | Printed Name |  |  | Printed Name |
| 5. |       |  | 6. |       |
|  | Printed Name |  |  | Printed Name |
| 7. |       |  | 8. |       |
|  | Printed Name |  |  | Printed Name |

I further submit that I am knowledgeable of Chapter 489, Florida Statutes. I understand that the Construction Industry Licensing Board and Electrical Contractor’s Licensing Board have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and laws inherent in the privilege granted by issuance of such permits.

|  |  |  |  |
| --- | --- | --- | --- |
| STATE OF |       | COUNTY OF |       |
| The foregoing instrument was acknowledged before me this |       | (date), by |
|       | (name), who is personally known to me OR who has produced |
|       | (type of identification) |
| WITNESS my hand and official seal this |       | day of |       | , A.D., 20 |       | . |
|  |  |       |  |
| Notary Public State of Florida Signature |  | (Printed Name) | Notary Commission Seal/Stamp |