|  |  |
| --- | --- |
| FSU Color_Seal_125x125 | *Department of Environmental Health & Safety*  Building Code Administration  124 Mendenhall Building “A” Phone: 850-644-7686  Tallahassee, Florida 32306-4154 Fax: 850-644-4238  Web: [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 | | | | |