Contractor Letter of Authorization

I, (Name)__________________________________________, license holder for
(Business)__________________________________________, authorize the following agents to apply
for, sign for, and pick up permits under my license number __________________________.

DATE: ______________

Please allow only the person(s) listed below to sign. This letter of authorization supersedes all others
previously on file.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Qualifier’s Printed Name

_________________________
Qualifier’s Signature

STATE OF FLORIDA
COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this____ day of _____________, 20____ by
____________________________________________ who is personally known to me or has produced
_________________________ as identification and who did or did not take an oath.

Notary Signature __________________________________
Notary Stamp: