

I, _____, the qualifier or authorized agent for
Qualifier or Authorized Agent

_____, _____
Business Name (as listed on State license) State of Florida Contractor License #

Acknowledge and certify that the above licensee will be the contractor of record for the following address (if the address is not available please provide the parcel ID number):

Project Address

Parcel ID Number

Signature of Qualifier or Authorized Agent

Date

Please Note: The qualifier or authorized agent of the qualifier must complete and sign the document above. The completed and signed document must be scanned and uploaded to the project.