

## ESCAMBIA COUNTY BUILDING SERVICES

CONTRACTOR LICENSING DIVISION

3363 West Park Place Pensacola, FL 32505 Phone: 850-595-3509 or 850-595-3572 Fax: 850-595-3401

Email: contractorlicense@myescambia.com



## **LETTER OF AUTHORIZATION**

THIS LETTER OF AUTHORIZATION FORM SUPERCEDES ALL PREVIOUS FORMS ON FILE UNLESS OTHERWISE INDICATED AND HAS TO CONTAIN PHYSICAL SIGNATURES OF ALL PARTIES (NO E-SIGNATURES ACCEPTED).

I CONFIRM THAT THE FOLLOWING LISTED PERSON(S) ARE ON MY PAYROLL AND AUTHORIZED TO SIGN FOR PERMITS, REQUEST INSPECTIONS, AND RECEIVE CERTIFICATES OF OCCUPANCY/COMPLETION ON MY BEHALF.

NAME OF AUTHORIZED PERSON(S)	AUTHORIZED PERSON(S) SIGNATURE

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## **LETTER OF AUTHORIZATION (cont.)**

BY EXECUTION OF THIS FORM, I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL PERMITS AND ALL WORK PERFORMED UNDER MY CONTRACTOR'S LICENSE.

I FURTHER UNDERSTAND THAT THE CONTRACTOR COMPETENCY BOARD/BOARD OF ELECTRICAL EXAMINERS HAVE POWER/AUTHORITY TO DISCIPLINE A LICENSED CONTRACTOR FOR VIOLATIONS COMMITTED BY THE LICENSE HOLDER, HIS AGENTS, OFFICERS, OR EMPLOYEES AND I TAKE RESPONSIBILITY FOR COMPLIANCE WITH ALL STATUTES, CODES, AND LAWS INHERENT IN THE PRIVELEGE OF ISSUANCE OF SUCH PERMITS.

IF AT ANY TIME PERSON(S) AUTHORIZED ABOVE ARE NO LONGER IN MY EMPLOY, I WILL SUBMIT AN UPDATED LETTER OF AUTHORIZATION FORM DELETING AND/OR ADDING THE CORRECT AUTHORIZED AGENTS.

Signature of Contractor		Date
Printed Name of Contractor		Contractor's License Number
	NOTARY SE	ECTION
STATE OF		
COUNTY OF		
The applicant whose name is		personally appeared before me and is
SWORN TO AND SUBSCRIBED before me this	day of	, 20
NOTARY PUBLIC		(SEAL)

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