



MONROE COUNTY GROWTH MANAGEMENT BUILDING DEPARTMENT

Middle Keys/Main Office: 2798 Overseas Highway, Marathon, FL (305) 289-2501

Upper Keys Office: 102050 Overseas Highway, Key Largo, FL (305) 453-8800

Lower Keys Office: 5503 College Road, Key West, FL (305) 295-3990

ACTING QUALIFYING AGENT AUTHORIZATION FORM

This Form is to be completed by an officer, director, managing member, or a member if the qualifier will not be an officer, director, managing member, or member of the company he/she wishes to qualify. With this Form, you will need: 1) current-issued certificate of liability insurance for general liability and workers compensation insurance naming Monroe County Building Department as the Certificate Holder. Name of Insured **must** reflect the exact name of the business organization qualified by the applicant, and the insured's fictitious name or d/b/a, if any

Dear Monroe County Building Department:

This letter is to advise that _____ has been approved
Name of Qualifying Agent

by our business, _____, to act as our
Name of Company to be Qualified

Qualifying Agent for the proposed contracting business of _____ in Monroe
Proposed Business
County pursuant to M.C.C. 6-237.(2)(3).

We are located at _____
Address City State Zip

Phone #: _____ Fax #: _____

Company Officers/Directors/Managing Members/Members Are:

1. Legal Name: _____ Interest in Firm: _____
Home Address: _____ City _____ State _____ Zip _____

2. Legal Name: _____ Interest in Firm: _____
Home Address: _____ City _____ State _____ Zip _____

3. Legal Name: _____ Interest in Firm: _____
Home Address: _____ City _____ State _____ Zip _____

4. Legal Name: _____ Interest in Firm: _____
Home Address: _____ City _____ State _____ Zip _____

Check if additional pages attached

I hereby certify that I am an officer/director/managing member/member of the above-mentioned business. I swear and affirm that the all of the above is correct, true, and accurate to the best of my knowledge.

PRINTED NAME

SIGNATURE

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence of ___ online notarization, this ___ day of _____ 20__ (year), by _____ (name of person making statement)
___ Personally known or ___ Produced Identification Type of Identification: _____

Signature of Notary Public – State of FLorida

SEAL