



Monroe County Building Department

contractor-license@monroecounty-fl.gov

AGENT AUTHORIZATION

Please provide information for all Agent(s) (not of entity) authorized by the qualifier and submit to the Contractor Licensing staff via the contractor licensing servicing email: contractor-license@monroecounty-fl.gov. Paper copies will not be accepted. Submit more than one form if more space is needed.

DATE:

Qualifier Name	Company Name:	Contractor ID: (5 Digit ID Number)
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**If an agent is added/removed the Qualifier is responsible for updating which contact shall be the Primary Contact for the permit.*

Add / New *	Removed *	Update Info	Agent First and Last Name	Business Name	Address City Postal Code	Contact Number with Area Code	Email

I hereby authorize the Agent(s) listed above for the purpose of applying for building permits and facilitating the processing of the application to issuance for the named contractor (qualifier). I understand that on all building permit applications the QUALIFIER must be added as a CONTRACTOR. This authorization becomes effective on the date this affidavit is notarized and shall remain in effect until terminated by the undersigned. The undersigned understands the liabilities involved in the granting of agent(s) and accepts full responsibility (thus hold Monroe County harmless) for any and all of the actions of the agent(s) named, related to the acquisition of permits for the aforementioned company.

Signature of Licensee (**QUALIFIER**) of aforementioned company _____

NOTARY PUBLIC

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization,

this _____ day of _____ 20____ (year), by _____ (Name of person making statement).

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification-Type of Identification Produced: _____