



CONTRACTOR ALTERNATIVE ENERGY AUTHORIZATION FORM

APPLICANT SERVICES
(850) 891-7125
FAX: 891-0948
BUILDING INSPECTION
(850) 891-7050
FAX: 891-7099

Mailing : 300 South Adams St., B-28
Tallahassee, Florida 32301

www.talgov.com

Location: 435 N Macomb St.
Tallahassee, Florida 32301

Name of Firm Licensed: _____

Qualifier: _____ Title: _____

Qualifier's License Number: _____

AGENT(S) NAME (please print or type)

- 1. _____ 3. _____
- 2. _____ 4. _____

The above named individuals are authorized to sign for Alternative Energy permits and transact business for the company identified above. I understand that it is my sole responsibility as the qualifying contractor to keep this information current and resubmit a new accurate authorization form each time a change needs to be made to the above list of individuals.

Choose one:

_____ *This Authorization is only valid for job address:* _____.

_____ *This is a Blanket Authorization for all Alternative Energy Permits submitted by above Qualifier.*

Qualifier Signature: _____ Date: _____

STATE OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me by _____ who is _____ personally known to me or has produced _____ as identification and who did not take an oath.

Notary Seal:

Notary Public State of Florida at Large