



CONTRACTOR'S AUTHORIZED SIGNATURE FORM

Qualifier (print name) _____

Company Name _____

License # _____ Expiration Date _____

Company Mailing Address _____

City _____ State _____ Zip Code _____

Phone () _____ Fax # () _____ Cell # () _____

- **Clear Copy of Agents Current, Legible Drivers License or Government Issued Photo I. D. Required with Form.**

LIMITED POWER OF ATTORNEY FROM CONTRACTOR

Let it be known, that I, the above listed contractor, have made and appointed, and by the presents do make and appoint as agent (**print agents name**): _____ to be true and lawful attorney for me and in my name, place and stead, for the sole, specific and limited purposes to execute any and all documents, as restricted below pertaining to building permits issued and/or inspections performed by Palm Beach County Building Department, as I the undersigned, might or could do if personally present. The authority of the person appointed as my attorney and agent to exercise the powers granted herein shall commence on the date set below and shall remain in full force and effect until the license expiration noted above, or death or specific written recession by either party. **Check one of the below boxes**

UNLIMITED, Authorized Agent may sign for permits, document re-submittal routing form, submit & pick up revisions and/or documents.
******* U if you select this option- (Qualifier and Agent must appear in person).**

RESTRICTED, Authorized Agent restricted to, revise & pick up permits and/or documents, except document re-submittal routing form. (R)

I understand that by signing this instrument, I am authorizing Palm Beach County Building Department to process permit documents and/or issue building permits based on the signature of my above-named attorney and agent. I further understand that I am fully responsible and legally bound for all acts performed under my certificate number, including those of the agent.

Signature _____
 (Qualifier)

Signature _____
 (Agent)

**STATE OF FLORIDA
 COUNTY OF PALM BEACH**

**STATE OF FLORIDA
 COUNTY OF PALM BEACH**

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 200_, by _____ Personally known _____ or has produced identification (#) _____. Type of identification: _____.

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 200_, by _____ Personally known _____ or has produced identification (#) _____. Type of identification: _____.

 Notary Public- State of Florida (F.S.S. § 117)

 Notary Public- State of Florida (F.S.S. § 117)



TO: ALL ACTIVE CONTRACTORS IN PALM BEACH COUNTY

RE: CONTRACTOR'S AUTHORIZED SIGNATURE FORM

The comments on the form on the reverse side are to assist certified persons who may wish to formally and legally designate another natural person to sign binding documents, (such as Permit Application Forms) when it is inconvenient for the license holder to sign documents themselves. The required format of this form is a Limited Power of Attorney.

Notarization of The QUALIFIER'S SIGNATURE is required.

The contractor, even after designating an Agent, remains fully responsible (financially and in licensing disciplinary actions), for anything the Agent does in the contractor's name. In use, an Agent will actually sign the qualifier's name and add **"by Agent: THEN SIGN AGENT NAME"**.

Please notice that all Agents must be re-empowered by a freshly executed form after each contractor's renewal cycle. Building permit applications may be accepted for review, **but NO PERMITS WILL BE ISSUED** on an outdated form after the qualifier's certificate expiration date on the Authorization Signature Form.

Please select your Agents carefully. You may rescind any authorization by submitting the below request form either by faxing it to us at (561) **233-5554** or by sending a letter providing similar details to:

**CONTRACTORS CERTIFICATION DIVISION
2300 N. JOG ROAD, STE. 2W-61
WEST PALM BEACH, FL 33411-2741**

**AUTHORIZED SIGNATURE REMOVAL REQUEST FORM
(MUST BE NOTARIZED)**

Please remove the following name(s) as authorized signatures on my certificate of competency. The individual(s) is/are no longer empowered to represent me or my company, and I do not want them to be able to pull permits or represent me.

Names: _____

Qualifier (Print Name) _____ **Signature** _____
(Qualifier)

Company Name _____ **License #** _____

Phone # () _____

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

Sworn to and subscribed before me this _____ day of _____, Personally known _____
or has produced _____ (#) Type of identification _____.

Notary Public - State of Florida (F.S.S. § 117)