

PRIVATE PROVIDER AUTHORIZATION FORM

NOTICE: The original notarized document must be on record and may be mailed or hand delivered. Or a digital notary may apply their credentials and electronically submit the form.

Name of Firm Licensed:		
Private Provider:	Title:	
Private Provider License Number:		
	AGENT(S) NAME (please print or type)	
1	· · · · · · · · · · · · · · · · · · ·	
2.		
3.		
4.		
5		
SIGNATURE OF PRIVATE PROVIDER		DATE
STATE OF	COUNTY OF	
The foregoing instrument was acknowle	dged before me by	
who is personally known to me or	has produced	
as identification and who did not take ar		
as identification and who did not take an WITNESS my hand and official seal th	n oath.	

Growth Management Department | Building Inspection Division | Phone: (850) 891-7001, option 2 | Fax: (850) 891-7029 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301