



**CONTRACTOR OF RECORD
ACKNOWLEDGEMENT**

I, _____, the qualifier or authorized agent for
Qualifier or Authorized Agent

_____, _____
Business Name (as listed on State license) State of Florida Contractor License #

Acknowledge and certify that the above licensee will be the contractor of record for the following address:

Project Address Parcel ID Number

Signature of Qualifier or Authorized Agent Date

Please Note: The qualifier or authorized agent of the qualifier must complete and sign the document above. The completed and signed document must be scanned and uploaded to the project.

Growth Management Department | Building Inspection Division | Phone: (850)891-7001 option 2 | Fax: (850)891-0948
Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301