



The following attachments are required:

1. Qualifications of the private provider and all duly authorized representatives.
2. Proof of insurance for professional liability as specified in section 16 of the Private Provider requirements for each building project.

Please use appropriate notary block

Individual	Corporation	Partnership
_____	_____	_____
Signature	Print Corporation name	Print Partnership name
_____	BY: _____	BY: _____
Print name	(Signature)	(Signature)
_____	_____	_____
Address	Print name	Print name
_____	Its: _____	Its: _____
Telephone #	_____	_____
STATE OF _____	Address	Address
COUNTY OF _____	_____	_____
Before me, this _____ day of	Telephone #	Telephone #
_____, 20 ____, personally	STATE OF _____	STATE OF _____
appeared	COUNTY OF _____	COUNTY OF _____
_____	Before me, this _____ day of	Before me, this _____ day of
who executed the foregoing instrument,	_____, 20 ____, personally	_____, 20 ____, personally
and acknowledged before me that same	appeared _____ of	appeared _____ of
was executed for the purposes therein	_____, a	partner/agent on behalf of
expressed.	_____ corporation,	_____, a
	who executed the foregoing instrument,	_____ partnership,
	and acknowledged before me that same	who executed the foregoing
	was executed for the purposes therein	instrument, and acknowledged before
	expressed.	me that same was executed for the
		purposes therein expressed.

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_ for \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public, State of Florida  
 Name: \_\_\_\_\_  
 My Commission Expires: \_\_\_\_\_  
 My Commission Number is: \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
 Type of Identification Produced \_\_\_\_\_