

**City of Miami Building Department
Quality Control Section**

444 SW 2nd Avenue, 4th Floor Miami, Florida 33130

www.miami.gov/My-Government/Departments/Building/Private-Provider-Program



**PRIVATE
PROVIDER
PROGRAM**

PERSONNEL IDENTIFICATION & JOB SITE DIRECTORY

§ 553.791(4), F.S.

Submit one copy with Form A.1 "NTBO", and post one copy at job site. All contact information must be accurate.

Project name: _____ **Address:** _____

Private Provider firm: _____ **Services:** Plans review Inspections

Contact name: _____ **Email** _____ **Telephone:** _____

Process no: _____ **Master Permit no:** _____

NOTE: Original handwritten signatures are required below. Script fonts or ink stamps are not allowed.

Name: _____ Tel: _____ Private Provider Duly Authorized Representative

Service performed: Plans review Inspections Discipline(s): _____

FL license(s): _____ Signature: _____

Name: _____ Tel: _____ Private Provider Duly Authorized Representative

Service performed: Plans review Inspections Discipline(s): _____

FL license(s): _____ Signature: _____

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FL license(s): _____ Signature: _____

Use additional pages if necessary.