



# PRIVATE PROVIDER REGISTRATION

## IDENTIFICATION PAGE

§553.791(16)(b)

### Private Provider's Firm:

Name of Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fed. Employer ID # (FEIN): \_\_\_\_\_

Tel: \_\_\_\_\_ Type of business entity:  Corporation  Partnership  LLC  LLP  Other

**Contact #1:** { Name: \_\_\_\_\_ Position: \_\_\_\_\_

{ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact #2:** { Name: \_\_\_\_\_ Position: \_\_\_\_\_

{ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Qualifying Agent:

Architect, FL Lic. no: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Professional Engineer, FL Lic. no: \_\_\_\_\_ State your area of competency: \_\_\_\_\_

Building Code Administrator, FL Lic. no: \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

STATE OF \_\_\_\_\_))

COUNTY OF \_\_\_\_\_))

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,

being personally known to me \_\_\_\_ or having produced as identification \_\_\_\_\_, and who being

fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
Signature of Notary Public                      Print Name                      My Commission Expires: \_\_\_\_\_

(NOTARY SEAL)