

PRIVATE PROVIDER



REGISTRATION

IDENTIFICATION PAGE

§553.791(16)(b)

Form R.1

Revised 03-01-2023

Private Provider's Firm:

Name of Firm: _____

Business Address: _____ Main Telephone: _____

Email: _____ Federal Employer ID # (FEIN): _____

Type of business entity: ☐ Corporation ☐ Partnership ☐ LLC ☐ LLP ☐ Other

Contact:

Name: _____ Position: _____
Telephone: _____ Email: _____

Qualifier:

Name of Qualifier: _____ Signature: _____

☐ Architect, FL Reg. no: _____ ☐ Professional Engineer, FL License no: _____

For Engineers, state your area(s) of competency: _____

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)