

EFFECTIVE DATE: OCTOBER 01, 2005
STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS
BUILDING CODES & STANDARDS

(850) 922-6074/6075
www.floridabuilding.org
Manufactured Buildings Program

2555 Shumard Oak Blvd.
Sadowski Building
Tallahassee, FL 32399-2100

THIRD PARTY AGENCY RENEWAL FORM FORM FMBP 4-00

RENEWAL YEAR: _____

NOTICE: The Department must be in receipt of renewal application with fee no later than date of expiration.

(1) Renewal Fee: [] Pay \$900 online at www.floridabuilding.org

(2) Name of Agency: _____
Street Address of Office: _____
Mailing Address of Office: _____
Phone# _____ Fax# _____ FedEx#(optional) _____

(3) Names of Officers as applicable: () Ownership, () Partnership, or () Corporation
President/Owner: _____ Phone# _____
Contact Person and title: _____ Phone# _____
Partners: _____
Directors: _____
Registered Agent: _____

(4) The agency employs or subcontracts the following individuals (architects, engineers, modular plan examiners, modular inspectors as required by Rule 9B-1 FAC):

	<u>Name</u> (Please print)	<u>Profession</u>	<u>DBPR License Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

I certify that this agency is not, nor will it be, under the influence, direction or control of any manufacturer of manufactured buildings; the information provided above is correct to the best of my knowledge.

Applicant's Name and Title (Print) Applicant's Signature Date