

FORM # 9B-3.053-2005-01
JOB SITE PRIVATE PROVIDER IDENTIFICATION FORM
Florida Building Commission
Effective February 1, 2006

PROVIDER NO. 1	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	
PROVIDER NO. 2	
Primary Contact:	
Email address	
Telephone Number:	
Fax Number:	
License number	
Company:	
Address:	
Job address	
Specific project on job site	
Permit number	
Type of Service Being Performed:	
Insurance policy number	
Signed by _____ Provider	

Form # 9B-3.053-2002-02
Private Provider
Plan Compliance Affidavit
Effective January 20, 2003

Private Provider Firm: _____

Private Provider: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I hereby certify that to the best of my knowledge and belief the plans submitted were reviewed for and are in compliance with the Florida Building Code and all local amendments to the Florida Building Code by the following affiant, who is duly authorized to perform plans review pursuant to Section 553.791, Florida Statute and holds the appropriate license or certificate:

Name: _____ Plan Sheets: _____

Florida License/Registration/Certification #(s) and description:

Signature of Reviewer: _____

SWORN AND SUBSCRIBED before me by _____
being personally known to me _____ or having produced as identification _____
_____ and who being fully sworn and cautioned, state
that the foregoing is true and correct to the best of his/her knowledge or belief.

Signature of Notary

Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires: