



Private Provider

Form B: Registration

Private Provider's Firm:

Name of Firm: _____ Address: _____

Email: _____ Fed. Employer ID # (FEIN): _____

Phone: _____ Type of business entity: Corporation Partnership LLC LLP Other

Contact #1: Name: _____ Position: _____

Phone: _____ Email: _____

Contact #2: Name: _____ Position: _____

Phone: _____ 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: _____

Phone: _____ Alternate Phone: _____

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.

My Commission Expires: _____

Signature of Notary Public

Print Name