



CITY OF CAPE CORAL
Development Services
Code Compliance Division / Licensing
PO BOX 150027, Cape Coral, FL 33915-0027

Date: _____

License Holder: _____
(Print)

Company Name: _____
(Print)

This form is to serve as written notification that I, the license holder, authorize the release of the new universal pin # required to use for scheduling to the following person who works for my company. I furthermore understand that this pin will grant this person access to all my jobs that have my name attached.

Name of the person authorized to release pin # to: _____

Qualifier's Signature

Date

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificates is sufficient for an acknowledgment in an individual capacity.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____,
20_____, by _____, who is _____ personally
known or _____ who has produced _____ as identification.

Notary Public Signature:

NOTARY SEAL:

Name of Notary – typed, Printed or Stamped

THE BUILDING DEPARTMENT WILL NOT BE RESPONSIBLE FOR ANY MISUSE OF THIS PIN