



**MONROE COUNTY GROWTH MANAGEMENT BUILDING DEPARTMENT**

Middle Keys/Main Office: 2798 Overseas Highway, Marathon, FL (305) 289-2501

Upper Keys Office: 102050 Overseas Highway, Key Largo, FL (305) 453-8800

Lower Keys Office: 5503 College Road, Key West, FL (305) 295-3990

**ACTING QUALIFYING AGENT AUTHORIZATION FORM**

This Form is to be completed by an officer, director, managing member, or a member if the qualifier will not be an officer, director, managing member, or member of the company he/she wishes to qualify. With this Form, you will need: 1) current-issued certificate of liability insurance for general liability and workers compensation insurance naming Monroe County Building Department as the Certificate Holder. Name of Insured **must** reflect the exact name of the business organization qualified by the applicant, and the insured's fictitious name or d/b/a, if any

Dear Monroe County Building Department:

This letter is to advise that \_\_\_\_\_ has been approved  
Name of Qualifying Agent

by our business, \_\_\_\_\_, to act as our  
Name of Company to be Qualified

Qualifying Agent for the proposed contracting business of \_\_\_\_\_ in Monroe  
Proposed Business  
County pursuant to M.C.C. 6-237.(2)(3).

We are located at \_\_\_\_\_  
Address City State Zip

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Company Officers/Directors/Managing Members/Members Are:**

1. Legal Name: \_\_\_\_\_ Interest in Firm: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Legal Name: \_\_\_\_\_ Interest in Firm: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Legal Name: \_\_\_\_\_ Interest in Firm: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Legal Name: \_\_\_\_\_ Interest in Firm: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Check if additional pages attached

I hereby certify that I am an officer/director/managing member/member of the above-mentioned business. I swear and affirm that the all of the above is correct, true, and accurate to the best of my knowledge.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to & subscribed to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, he / she is personally known to me or has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
Notary's Signature

SEAL

Office Use:  
Received: \_\_\_\_\_ Staff: \_\_\_\_\_