

# AUTHORIZATION FORM FOR EZ PERMITS

Expires five (5) years from the date of notarization

Payment will be via  Credit Card  Escrow

Please note: if Escrow is checked and sufficient funds are in the escrow account, fees will be automatically withdrawn from your Escrow Account for applications submitted through the EZ Permit process.

***It is the License Holder's responsibility to make sure their form is kept up to date with any changes to the Power of Attorney, if any. This notarized completed form can be submitted by email, fax, mail, or hand delivery. It will be kept on file for five (5) years; however, the license holder can update it at any time.***

Date: \_\_\_\_\_

I hereby name and appoint the below-listed individual(s) as agent of:

\_\_\_\_\_  
(Name of Company)

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for, and do all things necessary to obtain permits via the EZ Permit program:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

License Holder Name: \_\_\_\_\_

State License Number: \_\_\_\_\_

License Holder Email: \_\_\_\_\_

Signature of License Holder: \_\_\_\_\_

STATE OF FLORIDA )  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me by means of [  ] physical presence or [  ] online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (name of person acknowledging), who is [  ] personally known to me; or [  ] has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary

Print or type Notary name \_\_\_\_\_

Commission No. \_\_\_\_\_

My Commission Expires: \_\_\_\_\_