



Limited Power of Attorney

Date: _____

I hereby appoint: _____

an 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 this appointment permit.

The specific permit and application for work located at:

(Street Address)

Expiration Date for This Limited Power of Attorney: _____

License Holder Name: _____

State License Number: _____

Signature of License Holder: _____

Witness Signature: _____

Witness Signature: _____

Witness Printed Name: _____

Witness Printed Name: _____

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____ who is ____ personally known to me or ____ who has produced _____ as identification and who did (did not) take an oath.

Signature

(Notary Seal)

Print or type name

Notary Public – State of Florida
Commission No. _____
My Commission Expires: _____