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ASSOCIATED  
ACCELA USER

License # \_\_\_\_\_

Office of Planning and Development

Building Division

P.O. Box 9005, Drawer GM02

330 W. Church St.


Bartow, Florida 33831-9005

863-534-6080

contractorlicensing@polk-county.net

I, \_\_\_\_\_, \_\_\_\_\_  
 (Print Name Here) (Print Business Name Here)

do hereby designate the following individual(s) as having the authority to submit applications and to sign related documents for the purpose of obtaining building permits under my Contractor License or Certificate of Competency. I further acknowledge and accept, as a licensed contractor, my responsibility, and liability for each project permitted under the authority **designated on this form which supersedes and repeals all other previously submitted Associated Accela User forms**, and that my failure to assume and fulfill said duty may be grounds for the initiation of disciplinary action against my contractor's license.

First Name Print	Last Name Print	Email Address and/or Accela User Name Print 	Trust Account Access? Yes/No

**Designated signers will be required to provide proper identification at the request of the permit office. You must return this form to our office. We are happy to provide this service; however, we reserve the right to suspend this service at anytime due to its abuse or misuse.**

BY: \_\_\_\_\_  
 (Printed Name) (Signature)

State of Florida, County of \_\_\_\_\_. Sworn to (or affirmed) and subscribed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_ who is  
 personally known to me or who has produced \_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
 Signature of Notary Public State of Florida Print, type, or stamp name of Notary

My Commission Expires: \_\_\_\_\_ Notary Seal