

# PRIVATE PROVIDER



# REGISTRATION

## IDENTIFICATION PAGE

§553.791(16)(b)

## Form R.1

Revised 03-01-2023

### **Private Provider's Firm:**

Name of Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_ Main Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Federal Employer ID # (FEIN): \_\_\_\_\_

Type of business entity:     Corporation     Partnership     LLC     LLP     Other

### **Contact:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Qualifier:**

Name of Qualifier: \_\_\_\_\_ Signature: \_\_\_\_\_

Architect, FL Reg. no: \_\_\_\_\_     Professional Engineer, FL License no: \_\_\_\_\_

For Engineers, state your area(s) of competency: \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

STATE OF \_\_\_\_\_))

COUNTY OF \_\_\_\_\_))

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, being personally known to me \_\_\_or having produced as identification \_\_\_\_\_, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

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

\_\_\_\_\_  
Print Name

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

(NOTARY SEAL)