



COLUMBIA COUNTY BUILDING DEPARTMENT  
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS LETTER OF AUTHORIZATION

I, DAVID AIBRIGHT, give this authority for the job address show below  
Installer License Holder Name  
 only, \_\_\_\_\_, and I do certify that  
Job Address

the below referenced person(s) listed on this form is/are under my direct supervision and control and is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Authorized Person is... (Check one)
James Warren	<i>James Warren</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
		<input type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

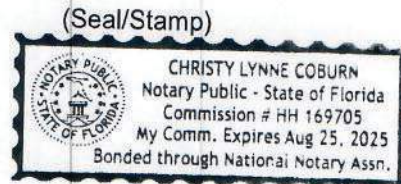
*David Albright* License Holders Signature (Notarized)      1H-1129420 License Number      2-20-23 Date

**NOTARY INFORMATION:**

STATE OF: Florida COUNTY OF: Columbia

The above license holder, whose name is DAVID Albright,  
 personally appeared before me and is known by me or has produced identification  
 (type of I.D.) \_\_\_\_\_ on this 20th day of Feb, 2023.

*Christy Lynne Coburn*  
 NOTARY'S SIGNATURE





COLUMBIA COUNTY BUILDING DEPARTMENT  
 135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
 Phone: 386-758-1008 Fax: 386-758-2160

MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, DAVID ALBRIGHT \_\_\_\_\_, give this authority and I do certify that the below  
Installers Name  
 referenced person(s) listed on this form is/are under my direct supervision and control and  
 is/are authorized to purchase permits, call for inspections and sign on my behalf.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
JAMES WARREN	<i>James Warren</i>	FREEDOM MOBILE HOME SALES, INC
STEVE SMITH	<i>Steve Smith</i>	FREEDOM MOBILE HOME SALES, INC

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and I am fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances.

I understand that the State Licensing Board has the power and authority to discipline a license holder for violations committed by him/her or by his/her authorized person(s) through this document and that I have full responsibility for compliance granted by issuance of such permits.

*David Albright* License Holders Signature (Notarized)      1H-1129420 License Number      12-20-22 Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: COLUMBIA

The above license holder, whose name is DAVID ALBRIGHT personally appeared before me and is known by me or has produced identification (type of I.D.) \_\_\_\_\_ on this 20<sup>th</sup> day of DECEMBER, 20 22.

*Linda Penhaligon*  
 NOTARY'S SIGNATURE

(Seal/Stamp)

