



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

LICENSED QUALIFIER AUTHORIZATION

I, Michael Crandall (license holder name), licensed qualifier for Madison SERVICES LLC (company name), do certify that the below referenced person(s) listed on this form is/are contracted/hired by me, the license holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said person(s) is/are under my direct supervision and control and is/are authorized to purchase and sign permits; call for inspections and sign subcontractor verification forms on my behalf.

Printed Name of Person Authorized	Signature of Authorized Person
1. <u>Rocky D Ford</u>	1. <u>[Signature]</u>
2. <u>Adam R. Sural</u>	2. <u>[Signature]</u>
3.	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege granted by issuance of such permits.

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer(s), you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits.

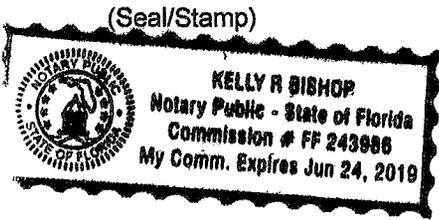
Michael Crandall
 Licensed Qualifiers Signature (Notarized) EL13002515 License Number 11/2/15 Date

NOTARY INFORMATION:

STATE OF: FL COUNTY OF: Columbia

The above license holder, whose name is Michael Crandall personally appeared before me and is known by me or has produced identification (type of I.D.) _____ on this 2 day of Nov, 2015.

Kelly Bishop
 NOTARY'S SIGNATURE





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LICENSED QUALIFIER AUTHORIZATION

I, Ronald E Bond Sr (license holder name), licensed qualifier
 for STYLE CREST ENTERPRISES, INC (company name), do certify that
 the below referenced person(s) listed on this form is/are contracted/hired by me, the license
 holder, or is/are employed by me directly or through an employee leasing arrangement; or, is an
 officer of the corporation; or, partner as defined in Florida Statutes Chapter 468, and the said
 person(s) is/are under my direct supervision and control and is/are authorized to purchase and
 sign permits; call for inspections and sign subcontractor verification forms on my behalf

Printed Name of Person Authorized	Signature of Authorized Person
1. Dale Burd	1.
2. Rocky Ford	2.
3. Kelly Bishop	3.
4.	4.
5.	5.

I, the license holder, realize that I am responsible for all permits purchased, and all work done
 under my license and fully responsible for compliance with all Florida Statutes, Codes, and
 Local Ordinances. I understand that the State and County Licensing Boards have the power and
 authority to discipline a license holder for violations committed by him/her, his/her agents,
 officers, or employees and that I have full responsibility for compliance with all statutes, codes
 and ordinances inherent in the privilege granted by issuance of such permits

If at any time the person(s) you have authorized is/are no longer agents, employee(s), or
 officer(s), you must notify this department in writing of the changes and submit a new letter of
 authorization form, which will supersede all previous lists. Failure to do so may allow
 unauthorized persons to use your name and/or license number to obtain permits.

Ronald E Bond Sr CRC 1817658 2-16-16
 Licensed Qualifiers Signature (Notarized) License Number Date

NOTARY INFORMATION

STATE OF FL COUNTY OF: Bay

The above license holder, whose name is Ronald Edward Bond Sr
 personally appeared before me and is known by me or has produced identification
 (type of I.D.) _____ on this 16th day of FEB, 2016

Stacey Ann Hopkins
 NOTARY'S SIGNATURE

(Seal/Stamp)

