

I, DAVID ALBRIGHT
Installers Name, give this authority and I do certify that 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.

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.

License Holders Signature (Notarized) David Wright

License Number 114-1129420

Date 7-26-23

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.) personally known on this 29th day of Feb

on this 29th day of July, 2023

NOTARY'S SIGNATURE

(Seal/Stamp)

