MOBILE HOME INSTALLATION SUBCONTRACTOR VERIFICATION FORM.

LICATION NUMBER	R	CONTRACTOR		PHONE
	THIS FORM	MUST BE SUBMITTED PRIC	OR TO THE ISSUANCE OF A P	ERMIT
ecords of the si ordinance 89-6,	ibcontractors who actual a contractor shall requ	ually did the trade speci	ific work under the peri o provide evidence of v	It is <u>REQUIRED</u> that we have mit. Per Florida Statute 440 and vorkers' compensation or Columbia County.
,	bcontractor beginning	or is responsible for the any work. Violations w	vill result in stop work o	1111+4/ 9
ELECTRICAL	License #: SCIBO Company Name: Wh	02957		68446010
MECHANICAL/	Print Name		Signature	
A/C	License #:	regueria.	Phone #:	
	Company Name:		Qualifier Form A	ttached

F. 5. 440.103 Building permits; identification of minimum premium policy.—Every employer shall, as a condition to applying for and receiving a building permit, show proof and certify to the permit issuer that it has secured compensation for its employees under this chapter as provided in ss. 440.10 and 440.38, and shall be presented each time the employer applies for a building permit.

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APPLICATION NUME	BER	CONTRACTOR	And A make the transfer over the second seco	PHONE			
	THIS FORM MUST BE	SUBMITTED PRIOR TO	THE ISSUANCE OF A PERM	∕ IIT			
records of the s	unty one permit will cover all tra ubcontractors who actually did t , a contractor shall require all su eral liability insurance and a vali	heartractors to pro	wide evidence of wor	kers' compensation or			
Any changes, the permitted contractor is responsible for the corrected form being submitted to this office prior to the start of that subcontractor beginning any work. Violations will result in stop work orders and/or fines.							
ELECTRICAL	Print Name		Phone #:				
	Company Name:		Qualifier Form Attach				
MECHANICAL/	Print Name Michael License #: CACIBI771 Company Name: ACE AC	6	Signature 11.2 Phone #: 353	214.9326 tached			
				mployer shall, as a condition to			

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