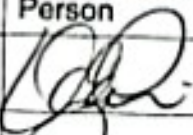





COLUMBIA COUNTY BUILDING DEPARTMENT  
135 NE Hernando Ave, Suite B-21, Lake City, FL 32055  
Phone: 386-758-1008 Fax: 386-758-2160

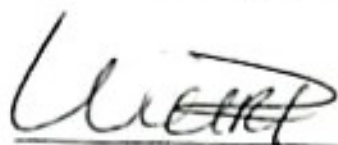
MOBILE HOME INSTALLERS AGENT AUTHORIZATION

I, William R. Price 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.

Printed Name of Authorized Person	Signature of Authorized Person	Agents Company Name
Oda Price		Price Rik Enterprises Inc
Jessie Shepard		Price Rik Enterprises 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.



License Holders Signature (Notarized)

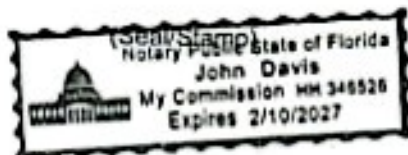
1H1041436  
License Number

9/6/23  
Date

NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: St. Johns

The above license holder, whose name is William R. Price, personally appeared before me and is known by me or has produced identification (type of I.D.) DR on this 6th day of Sept, 2023.

  
NOTARY'S SIGNATURE



*Daniel Jones*

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, William Price, give this authority for the job address show below  
Installer License Holder Name  
only, TRD SW General Fence, and I do certify that  
Fort White Job Address FL 32038  
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)
<u>Oda Price</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Officer <input type="checkbox"/> Property Owner
<u>Jessie Shepard</u>	<u>[Signature]</u>	<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

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.

[Signature]

License Holders Signature (Notarized)

1H-1041936  
License Number

9/4/23  
Date

## NOTARY INFORMATION:

STATE OF: Florida COUNTY OF: Stuwaue

The above license holder, whose name is William Price, personally appeared before me and is known by me or has produced identification (type of I.D.) on this 1st day of Sept, 2023.

[Signature]

NOTARY'S SIGNATURE

