

# MASTER ELECTRICAL SUBCONTRACTOR AFFIRMATION

To be completed by the Qualifier working under the General Contractor as defined by Florida Statutes. *Only originals will be accepted.*

It is my responsibility as the electrical contractor to verify every permit my license and company are associated with. I shall hold Collier County harmless from any incident that may occur as a result of this master subcontractor affirmation. This affirmation is valid for 2 years from the date of county administrative submittal. Furthermore, it is my responsibility to notify the Building Review and Permitting Department in writing, should I no longer be the subcontractor responsible for providing said contractor services for the contractor and development listed below.

\_\_\_\_\_  
Initials

General Contractor Name: \_\_\_\_\_

Subdivision: \_\_\_\_\_

## Qualifier Information

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

State License No.: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Acknowledgement:

Knowingly providing false information to obtain a permit to practice construction contracting is a violation of Florida Statute 489.129 and 489.533.

## Signature and Notary

Signature of Qualifier under General Contractor: \_\_\_\_\_

Printed Name of Qualifier under General Contractor: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (printed name of owner or qualifier) \_\_\_\_\_

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current drivers license \_\_\_\_\_
- Has produced \_\_\_\_\_ as identification.

Must Comply with Notarial Law

Notary Seal

Notary Signature: \_\_\_\_\_

*Administrative use only:  
This affirmation is valid for 2  
years from the date entered.*

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Date