



Mailing : 300 South Adams St., B-28  
Tallahassee, Florida 32301

www.talgov.com

# Natural Gas Installer Business Qualification

APPLICANT SERVICES  
(850) 891-7125  
FAX: 891-0948  
BUILDING INSPECTION  
(850) 891-7050  
FAX: 891-7099

Location: 435 N Macomb St.  
Tallahassee, Florida 32301

Name of Master Gas Fitter: \_\_\_\_\_ License No.: \_\_\_\_\_

Name of Business to be Qualified: \_\_\_\_\_

Address of Business to be Qualified: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

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

NOTE: Attach the current Fictitious Name Registration filed with the State of Florida Division of Corporations

Type of Legal Entity: \_\_\_\_\_ i.e., Corporation, Partnership, Limited Liability Corporation, etc.

Name of All Partners, Officers, Directors and / or Trustees in the Business to be Qualified:

\_\_\_\_\_  
\_\_\_\_\_

## Affidavit of Final Approval Authority

I, \_\_\_\_\_, \_\_\_\_\_ hereby state that  
Name of Partner, Officer, Director or Trustee Title

\_\_\_\_\_, has final approval authority for all construction work  
Gas Installer  
performed by the business to be qualified and on all business matters, including contracts, specifications, checks,  
drafts, or payments, regardless of the form of payment, made by \_\_\_\_\_,  
Business Name  
as it relates to the installation of natural gas piping and appliances.

\_\_\_\_\_  
Signature of Partner, Officer, Director or Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

The foregoing instrument was acknowledged before me by \_\_\_\_\_, who is  
personally known to me or has produced \_\_\_\_\_, as identification and who did not  
take on oath.

WITNESS my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public Seal