

Office of Planning and Development - Building Division

P.O. Box 9005, Drawer GM02

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Bartow, Florida 33831-9005

863-534-6530

contractorlicensing@polk-county.net



www.polk-county.net

Associated Accela User

I, _____, whose License Number is _____ do hereby designate the following individual(s) as having the authority to submit applications and to sign related documents for the purpose of obtaining building permits under my Contractor License or Certificate of Competency. I further acknowledge and accept, as a licensed contractor, my responsibility, and liability for each project permitted under the authority designated on this form, which supersedes and repeals all other previously submitted Associated Accela User forms, and that my failure to assume and fulfill said duty may be grounds for the initiation of disciplinary action against my contractor’s license.

All information in the table below is required. It must be printed and legible. All Associated users must have a unique email address and an active Accela user account name.

Print Full Legal Name	Print Email Address	Print Accela User Name

Designated signers will be required to provide proper identification at the request of the permit office. You must return this form to our office. We are happy to provide this service; however, we reserve the right to suspend this service at anytime due to its abuse or misuse.

BY: _____ (Printed Contractor Name) _____ (Contractor Signature)

State of Florida, County of _____. Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ (type of ID) as identification.

Signature of Notary Public State of Florida

Notary Seal

My Commission Expires: _____