

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

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me by _____ who is [] personally known
to me or [] has produced _____ as identification and who did not take an oath.

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

Notary Public Signature

Notary Public Seal