



# SUBCONTRACTOR PIN Authorization Form

**RETURN TO:**  
 Lee County Development Services  
 DCD – Contractor Licensing  
 PO Box 398  
 Fort Myers, FL 33902

Phone: 239-533-8895  
 Fax: 239-533-8577  
 Email: contractorlicensing@leegov.com

**ATTN: DCD – Contractor Licensing Office**

*Please type or print information requested.*

License Holder Name: \_\_\_\_\_ State Lic #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ County Lic #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

THIS AGREEMENT IS FOR CONTRACTOR PARTICIPATION IN LEE COUNTY'S IVR PERMITTING SYSTEM. THE CONTRACTOR AGREES THAT THE PERSONAL IDENTIFICATION NUMBER (PIN) THAT PROVIDES ACCESS TO THE PERMITTING SYSTEM IS THE RESPONSIBILITY OF THE CONTRACTOR.

THE USE OF THE PIN IS INTENDED TO SERVE AS THE CONTRACTOR'S SIGNATURE AUTHORIZATION ON THE PERMIT APPLICATION. ANY USE OF THE PIN BINDS THE CONTRACTOR TO THE TERMS AND CONDITIONS THE SAME AS THE CONTRACTOR'S SIGNATURE ON THE APPLICATION.

THE CONTRACTOR HAS SOLE RESPONSIBILITY FOR THE USE AND PROTECTION OF THE PIN.

CHECK HERE, IF YOU DO NOT WANT YOUR PIN NUMBER AND SECURITY CODE MAILED TO THE ADDRESS LISTED ABOVE.

I am authorizing \_\_\_\_\_, a previously established Authorized Signer as is recognized by Contractor Licensing, to receive the PIN and Security Code associated with the Lee County IVR Permitting System.

\_\_\_\_\_  
(Qualifier Signature)

\_\_\_\_\_  
(Printed or Typed Name of Qualifier)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
(Signature of Notary Public)

(SEAL)

\_\_\_\_\_  
(Printed Name of Notary Public)