



CITY HALL • 250 EAST L STREET • BENICIA, CA 94510 • (707) 746-4230 •
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LETTER OF AUTHORIZED AGENT FORM (Contractor Application)

Cal. Health & Safety. Code § 19825 I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

Contractor staff must be listed in Contractors State License Board personnel list associated with the license. This form is to be submitted with every permit application.

PROJECT INFORMATION	
Description of Work:	
Project Address:	
AUTHORIZED AGENT INFORMATION	
☐ Contractor	☐ Design Professional ☐ Other
Name:	
Company (if applicable):	
Address:	
Phone Number:	Email:

I am an authorized representative for the licensed contracting company and I personally filled out the above information and certify its accuracy.

Licensed Contractor Staff Signature

Date

CA State License Number

License Class

Address:

Phone:

Email: