



**UNIVERSITY OF FLORIDA
PERMIT WITHDRAWAL
APPLICATION
INSTRUCTIONS**

Providing a completed application will allow EH&S to properly process the application. Failure to provide all required information will delay the approval of the permit withdrawal. **If a field does not apply, input N/A in that field.** For questions, please call EH&S at (352) 392-1591 and ask for the code's desk or email codes@ehs.ufl.edu

Applicant Information

1. Check the appropriate box of whether this application is by a contractor or a State agency employee.
 2. Provide all information listed – **required fields.**
 3. Qualifier Information – **required fields.**
 - a. If contractor, list all the requested information. Qualifier name and email address is required – do not provide any other name or email address for these fields.
 - b. If State Agency, list all the information for the employee responsible under the fields with an asterisk.
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Applicant Information & Notary

- **ONLY** the Qualifier of the contracting license shall sign the application. **No authorized agents shall sign.**

OR

- The State Agency employee responsible for the permit shall sign the application if permit issued under the Agency Name.
 - Application shall be notarized prior to submitting for extension or renewal – including State Agency employees.
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ALL APPLICATIONS SHALL BE SUBMITTED TO THE PERMIT FILE IN CITIZENSERVE.



UNIVERSITY OF FLORIDA
PERMIT WITHDRAWAL
APPLICATION

Applicant Information _____ Contractor _____ State Agency* (UF, UNF, SBAC, FSDB)

*Provide the contact information for the State employee responsible for the permit.

UPLOAD THIS APPLICATION TO THE PERMIT FILE IN CITIZENSERVE.

Date: _____

Permit #: _____

Qualifier or Agency Name*: _____

Qualifier Email*: _____

Qualifier Phone*: _____

Qualifier FL. License #: _____

Applicant Statement:

I hereby request the withdrawal of the permit number referenced above and I attest that no work has been performed.

Applicant Name*: _____

Applicant Signature*:

NOTE: Only the Qualifier of the License shall sign - no Authorized Agents. State agency applicant responsible for the permit shall sign as the applicant when permit is issued under a State Agency Name.

STATE of _____; County of _____; Sworn to (or affirmed) and
subscribed before me on this _____ day of _____, 20__ by,

_____ (printed name of Licensed Qualifier or State Employee)

that is ___ personally known by me or has ___ produced _____ as
identification.

Notary Signature: _____

Notary Seal