



Contractor Digital Signature Affidavit

Design Professional Name: _____

Company Name: _____

Design Professional License #: _____

Email Address & Phone: _____

Mailing Address: _____

Authorization. The Undersigned architect or engineer ("Undersigned") understands that (s)he is authorizing the City of Marco Island through its Building Services Division

Termination. If the Undersigned believes the security of the digital signature has been compromised, or simply wishes to terminate the use of such signature, (s)he must file a written notice of termination with the Building Division.

Governing Law. The Undersigned understands that the electronic signing and sealing of documents is governed by Florida law. Electronic submissions must meet state law requirements as described in the Florida Statutes Chapter 471.025, 481.221, and 668.001-006.

Digital Signature Serial Number

By signing this document, you are not only agreeing to the foregoing but certifying that: Any willful falsification of any information contained herein is grounds for disqualification.

Print Name of License Holder

Signature of License Holder

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____, who is ☐ personally known to me, or ☐ has produced _____ as

identification, by means of ☐ physical presence or ☐ online notarization.

Signature, Notary Public – State of Florida

(Seal)

Printed, Typed, or Stamped Name of Notary