



Private Provider REGISTRATION & REQUIREMENTS

1) Name of Firm: _____

2) Name of Private Provider: _____

3) Private Provider License Number: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone #: _____ Fax #: _____ Mobile#: _____

E-mail Address: _____

- State of Florida License
- A Certificate of General Liability Insurance, showing the Certificate holder as:

City of Tallahassee, Building Inspection
300 South Adams Street
Box B-28
Tallahassee, Florida 32301

- The Private Provider may authorize a designated agent to conduct plans review or inspections. The authorized agent must be properly licensed in the category in which they are conducting plans review or inspections. An original notarized “Private Provider Authorization” form must be submitted to biadmin@talgov.com directly from the license holder’s email.
- All license and insurance certificates shall be current prior to the issuance of a permit.
- This completed form; license and certificate of insurance(s) may be emailed to biadmin@talgov.com.