



Permit cancellation

Permit #: _____

Address: _____

Company name: _____

Reason for cancellation: _____

Qualifier's Signature

Print Qualifier's Name

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Online Notarization,

this _____ day of _____, _____, by _____
Day Month Year Name of Person Swearing or Affirming

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: _____

Place Notary Seal Stamp Above