



SUB-CONTRACTOR CONFIRMATION FORM

Permit # _____ Primary Contractor: _____

Job Site Address: _____

The qualifier of each sub-trade (electric, plumbing, mechanical, roofing) performing work under a general contractor must complete this form and email to inspections@fmbgov.com.

Sub- Contractors Information:

Company Name: _____

Qualifier Name: _____

Address: _____

License #: _____

Phone and email: _____

Qualifier's Affidavit:

KNOW ALL MEN that I _____ do hereby certify that my company is responsible for the (choose one)

- Electric Mechanical Plumbing Roofing, on the above-mentioned permit.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I, _____ (Qualifier), hereby certify that all answers to the questions in this registration and any supplementary information attached to and made part of this registration is honest and true.

Signature of Qualifier

Typed or printed name of Qualifier

STATE OF _____ COUNTY OF _____

The foregoing instrument was certified and subscribed before me by means of _____ physical presence OR _____ online notarization, this _____ day of _____, 20____, by _____, _____ who is personally known to me OR _____ who has produced _____ as identification.

(SEAL)

Notary Public Signature