STATEMENT OF AUTHORIZATION FOR A STATE LICENSE CONTRACTOR

I hereby authorize the following person(s) to obtain permits from the City of Fullerton:	
NAME	DRIVERS LICENSE NUMBER
NAME	DRIVERS LICENSE NUMBER
NAME	DRIVERS LICENSE NUMBER
I will also file a Worker's Compensation Insurance Certificate, issued by my insurance company, covering all persons employed by myself, my company, or Corporation prior to the issuance of any permits in accordance with Section 3800 of the State of California Labor Code. I understand that my signature below acts a continuous authorization until such time as I submit a written document canceling such authorization of a person or all of the persons listed above. I have read and understand the above statements as they pertain to the issuance of permits.	
Date	Signature
	-9
Company Name	Name (printed or typed)
State Contractors License Number	Position/Title

NOTE The person giving authorization must be currently associated with the personnel list filed with the State Contractor's License Board.