

General Contractor Authorization for FIU Contractor's ID Permit #:

The bearer of this letter _____,
(name)

Social Security# _____, OR DL# _____ is
hereby authorized to be issued an FIU Contractor's ID, valid for period of no more than
12 months from the "permit issue date".

By my signature below I acknowledge that I am the "Permit Holder" or the duly
authorized representative of the "Permit Holder".

Name: _____ Date: _____

Signature: _____

Department of Environmental Health & Safety: CSC 162
03/03 - General Contractor Authorization for FIU Contractor's ID Permit # - EHS-F77

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