



**AUTHORIZATION FORM FOR
ADVANCE PAY ACCOUNTS (APA)**

Date: _____

COMPANY INFORMATION

Company Name: _____

Contact Person: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

LICENSEE INFORMATION

License holder associated with this account (if applicable).

Licensee's Name: _____ License Number: _____

Trade: Electrical Mechanical (HVAC) Plumbing

AUTHORIZED USERS

Persons authorized to obtain permits under this account and license holder (if applicable):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Signature of License Holder and Number: _____

FOR OFFICE USE ONLY			
Type of permit: _____	Account Number: _____		
Check Number: _____	Receipt Number: _____	Processed By: _____	