



**ADVANCE PAY ACCOUNT (APA) REQUEST FORM**

Date: \_\_\_\_\_

**COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Account Administrator (Owner, CEO, president, vice president, chairman): \_\_\_\_\_

Account Administrator's Title: \_\_\_\_\_

Contact Person and Title (if different from above): \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**LICENSEE INFORMATION (If Applicable)**

License holder associated with this account

Licensee's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Trade:  Electrical  Mechanical (HVAC)  Plumbing  Fire Alarm  Fire Sprinkler

Signature of License Holder (if applicable): \_\_\_\_\_

**AUTHORIZED USERS**

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

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Account Administrator's Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Type of permit: \_\_\_\_\_ Account Number: \_\_\_\_\_

Check Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Processed By: \_\_\_\_\_