



City of Coral Gables
Development Services Department

**PRIVATE PROVIDER
PERSONNEL IDENTIFICATION &
QUALIFICATIONS STATEMENT**

Form A.2

Florida Statutes § 553 791(4)

(Use one page for each Private Provider or Duly Authorized Representative)

Project name & address: _____

Permit number: _____

Provider or Duly Authorized Representative:	
Email address:	
Telephone:	Fax:
Florida professional licenses:	
Company:	
Address:	
Type of Service Performed:	

Qualifications Statement (or attach Resume):