

SEMINOLE COUNTY FLORIDA - PRIVATE PROVIDER PROGRAM

General Information

The use of Private Providers is authorized by Florida Statute Section 553.791, Alternative Plans Review and Inspection.

When an Owner elects to use a Private Provider per F.S. Section 553.791, Seminole County requires that only the forms in this packet be used for any Private Provider documentation submitted to the County, except for inspection reports or similar. However, the Private Provider is recognized only after the Seminole County reviews and accepts the "Notice to Building Official".

Private Provider services may include inspections only, or plans review and inspections. Seminole County will not allow plans review only. The Private Provider's role may be modified at any time by submitting a revised "Notice", subject to the restrictions set forth below.

Notice to Building Official F.S. 553.791(4): A owner or the owner's contractor using a private provider to provide building code inspection services shall notify the local building official at the time of permit application, or by 2 p.m. local time, 2 business days before the first scheduled inspection by the local building official or building code enforcement agency for a private provider performing required inspections of construction. After construction has commenced and if the local building official is unable to provide inspection services in a timely manner, the owner or the owner's contractor may elect to use a private provider to provide inspection services by notifying the local building official of the owner's or contractor's intention to do so by 2 p.m. local time, 2 business days before the next scheduled inspection.

Audits F.S. 553.791(18): The Building Official may audit the performance of building code inspection services by private providers operating within the local jurisdiction. However, the same private provider may not be audited more than four times in a calendar year unless the local building official determines a condition of a building constitutes an immediate threat to public safety and welfare. If an issue or complaint arises regarding the building construction that warrants an inspection by the Building Official and it is determined that an audit is necessary, the permit applicant is responsible for the audit fee separate from all other fees, per the Seminole County Fee Resolution.

Private Provider Plans Review: Private Providers may review the following disciplines only: Building, Roofing, Structural, Electrical, Mechanical and Plumbing. All other disciplines (Zoning, Fire, Public Works, etc.) will be reviewed by the County.

Changing the Private Provider - Acknowledgment from the fee owner to Seminole County:

If the fee owner or the fee owner's contractor makes any changes to the listed private providers or the services to be provided by those private providers, the fee owner or the fee owner's contractor shall, within 1 business day after any change, update the notice to reflect such changes. A change of a duly authorized representative named in the permit application does not require a revision of the permit, and the building code enforcement agency shall not charge a fee for making the change. In addition, the fee owner or the fee owner's contractor shall post at the project site, before the commencement of construction and updated within 1 business day after any change, on a form to be adopted by the commission, the name, firm, address, telephone number, and facsimile number of each private provider who is performing or will perform building code inspection services, the type of service being performed, and similar information for the primary contact of the private provider on the project.

If the Private Provider is terminated during Plan Review, or otherwise fails to complete the plan reviews and issue the appropriate affidavits, the Owner may find another Private Provider to finish the reviews and assume all responsibility. Alternatively, the County may take over the plan reviews, but will conduct a full re-review.

If the Private Provider is terminated during Inspections, or otherwise fails to complete the inspections and issue the final compliance documents, the Owner must secure another Private Provider to take over the inspection duties until the completion of the project. The County of Seminole County will not take over inspection duties.

Fee Adjustments for Building Permits: If an owner elects to use a private provider, a reduction in building permit fees will apply as follows:

Project Size	Inspections Only (Residential)	Plans Review & Inspections* (Residential)	Inspections Only (Commercial)	Plans Review & Inspections* (Commercial)
0 – 139,000 square feet	45%**	60%**	45%**	60%**
140,000 square feet or greater	NA	NA	65%**	75%**

*If the applicant chooses to use a private provider for plans review, the applicant must also use a private provider for inspections. If an applicant elects to use a private provider for plans review, the Plans Review Fee will not be assessed.

** This discount is only for the cost of the building permits for building purposes, specifically building, electrical, mechanical, and plumbing. It would not affect any other fees associated with a building permit such as impact fees, fire permit fees, technology fees, or development fees.

For questions on the Seminole County’s Private Provider program, or about the registration process, contact Bob Pike, Seminole County Building Official at jpike@seminolecountyfl.gov or by calling 407-665-7050.

Private Providers must be registered with Seminole County. See next page for more information.

PRIVATE PROVIDER DOCUMENTS

Guide to Using the Official Forms

To be submitted for Registration with the Seminole County Building Department:

Private Provider Registration F.S. 553.791(15)(b)

The following supplemental information is also required:

1. **Business:**
 - Certificate from FL Dept. of State for the business entity (Corporation, LLP, etc.)
 - DBPR Certificate of Authorization for the firm.
 - Occupational (Business) license for the firm's principal place of business.
2. **Insurance:**
 - Certificate of professional liability insurance as required by F.S. 553.791(16). The certificate must include the County of Seminole County as the certificate holder, and must be sent to the County directly by the insurance company.
3. **Personnel:**
 - Resumes and copies of professional licenses for all Private Providers and all Duly Authorized Representatives regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468 (Building Code Administrators and Inspectors).
 - Copy of driver licenses for all personnel listed above.

Employment affidavit for all Duly Authorized Representatives F.S. 553.791(8)

The following supplemental information is also required:

1. Licenses for all personnel regulated by F.S. Chapter 481 (Architects), Chapter 471 (Engineers) and Chapter 468, Part XII (Building Code Administrators and Inspectors). To be submitted at the time of Private Provider election:

Notice to Building Official F.S. 553.791(4)

The Notice to Building Official is executed by the fee owner of the building project, and officially recognizes the use of a Private Provider. It specifies the scope of services to be performed— either plans review and inspections, or inspections only. A separate Notice is required for each master permit or stand-alone permit, but not for sub-permits which are associated with the master permit.

Personnel Identification & Job Site Directory F.S. 553.791(4)

This document identifies all Private Providers and Duly Authorized Personnel to be used on the project.

NOTE: A second copy is to be posted at the job site during construction.

Private Provider plans review:

Plan Compliance Affidavit F.S. 553.791(6)

This is required if the plans are reviewed and stamped by the Private Provider, and certifies that the plans are in compliance with the building code. Each affidavit may represent only one review discipline.

Plan Compliance Affidavit (for use with a separate Structural Peer Reviewer)

This is a specific version which is used for the structural discipline if a third party performs a Structural Peer Review for the building project.

List of Approved Drawings

This form records all of the individual approved drawings, including the latest dates.

Plan Changes

If plans change or pages are added due to other County review agency comments, plans will need a PP Stamp, or new affidavit for updated or added pages.

Private Provider inspections:

Personnel Identification & Job Site Directory F.S. 553.791(4)

Inspection Report(s) (Using the Private Provider's letterhead) F.S. 553.791(10) - To be maintained at the job site, available at all times for verification by the Building Official. NOTE: See the sample form for minimum required information to be included.

Inspection Summary (Using the Private Provider's letterhead) F.S. 553.791(10) - To be used when closing out each inspection trade, and submitted to each trade chief prior to the project closeout.

Project closeout (Statements of Inspection):

Certificate of Compliance (CO/CC) F.S. 553.791(11). This document certifies that the project has been fully completed, all inspections have been approved, and that all required plan revisions and/or additional plans have been submitted to the County of Seminole County and approved. This document is a formal request for the Building Official to issue the Certificate of Occupancy (or Completion).

Certificate of Compliance (TCO/TCC) F.S. 553.791(11). This document is used for partially completed work, or for other situations where a standard CO/CC is not warranted. It must include a detailed explanation of any proposed exclusions or conditions in qualifying the building for certification. All is subject to evaluation by the Building Official prior to approval.

PRIVATE PROVIDER REGISTRATION Florida Statutes §553.791(15)(b)

Identification Page

PRIVATE PROVIDER FIRM

Name of Firm: _____ FL Certificate of Authorization no.: _____

Business Address: _____ Federal Employer ID # (FEIN): _____

Type of business entity:

Corporation Partnership LLC LLP Other

Telephone: _____ Fax: _____ Email: _____

QUALIFIER

Name of Qualifier: _____ Signature: _____

Architect, FL Reg. no: _____ Professional Engineer, FL License no: _____

For Engineers, state your area(s) of competency: _____

Address _____ Email: _____

Telephone: _____ Alternate Telephone: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____, being personally known to me ___ or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Public Print Name My Commission Expires: _____

(NOTARY SEAL)

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives F. S. §553.791(8)

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

DULY AUTHORIZED REPRESENTATIVES: (Use additional pages as necessary.)

Print Name	FL License no(s)	Discipline	Signature

Submit resumes of each Duly Authorized Representative and copies of their licenses.

I, _____, the Private Provider who is qualifying my firm, do hereby affirm that the Duly Authorized Representatives listed above are my employees, or employees of my firm, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443 of the Florida Statutes. *Include Seal/Signature/Date HERE:*

Florida License No. _____

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____

_____, being personally known to me ___ or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

 Signature of Notary Public
 Print Name My Commission Expires: _____

(Notary Seal)

NOTICE TO BUILDING OFFICIAL

For the use of Private Provider Florida Statutes §553.791(4)

Project Name: _____ Address: _____

Plan number: _____ Folio no.: _____ Phased Permit? Yes No

Services to be provided (select one): Inspections only Plans Review and Inspections*

*Pursuant to F.S. §553.791(2): Seminole County does not allow the use of Private Providers for plans review only.

[Provide name & title] I, _____, the fee owner (or authorized signatory) of the property referenced above, hereby affirm that I have entered into a contract with the Private Provider firm identified below to conduct the services indicated above.

Private Provider Firm: _____ FL Cert. of Authorization # _____

Address: _____ Tel: _____ Fax: _____

Contact person: _____ Email: _____

Private Provider (Qualifier for the Firm): _____ Florida License # _____

(1) I have elected to use one or more Private Providers to provide building code plans review and/or inspection services for the building or structure that is the subject of the enclosed permit application, as authorized by Section 553.791, Florida Statutes. I understand that the local building official may not review the plans submitted or perform the required building inspections to determine compliance with the applicable codes, except to the extent specified in said law. Instead, plans review and/or required building inspections will be performed by licensed or certified personnel identified in the application. The law requires minimum insurance requirements for such personnel, but I understand that I may require more insurance to protect my interests.

(2) By executing this form, I acknowledge that I have made inquiry regarding the competence of the licensed or certified personnel and the level of their insurance and am satisfied that my interests are adequately protected. I agree to indemnify, defend, and hold harmless the local government, the local building official, and their building code enforcement personnel from any and all claims arising from my use of these licensed or certified personnel to perform building code inspection services with respect to the building or structure that is the subject of the enclosed permit application.

(3) I understand that the Building Official retains authority to review plans, make required inspections, and enforce the applicable codes within his or her charge pursuant to the standards established by Section 553.791, Florida Statutes. If I make any changes to the listed Private Providers, I shall, within one business day after any change, update this Notice to reflect such changes. The building plans review and/or inspection services provided by the Private Provider are limited to compliance with the Florida Building Code and do not include review for compliance with fire safety, land use, environmental or other codes.

(4) The following attachments are on file with the County of Seminole County, pursuant to §553.791, Florida Statutes: a) Qualification statements and/or resumes of the Private Provider and all duly authorized representatives. b) Proof of insurance for professional and comprehensive liability in the amount of \$ 1 million per occurrence and \$ 2 million in the aggregate for any project with a construction cost of \$ 5 million or less, and \$ 2 million per occurrence and \$ 4 million in the aggregate for any project with a construction cost of over \$ 5 million, relating to all services performed as a private provider. Said insurance includes tail coverage (Extended Reporting Period) for a minimum of 5 years subsequent to the performance of building code inspection services. For detailed, current requirements refer to F.S. § 553.791(16).

Individual Print Name: _____ Signature: _____

Corporation or Partnership Name of Business Entity: _____

By: _____ (signature) Print name & title: _____

Address: _____ Telephone: _____

STATE OF _____ COUNTY OF _____

Before me, this _____ day of _____, 20____, personally appeared _____, by means of physical presence or online notarization, individually (or on behalf of the stated corporation/partnership), who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed. Personally known or Produced Identification Type of ID produced: _____ Signature of Notary: _____ Print Name: _____

(NOTARY PUBLIC SEAL)

PERSONNEL IDENTIFICATION & JOB SITE DIRECTORY F.S. § 553.791(4) *Use multiple pages if necessary.*

Submit one copy with Form A.1 "Notice to Building Official", and post one copy at job site.

Project Name & Address: _____

Private Provider Company: _____ Telephone: _____

Contact name: _____ Services: Plans review Inspections

Plan Process no: _____ Permit no: _____

Name: _____ Private Provider Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: Plans Review Inspections Discipline(s): _____

Name: _____ Private Provider Duly Authorized Rep.

FL License(s): _____ Telephone: _____

Service performed: Plans Review Inspections Discipline(s): _____

Name: _____ Private Provider Duly Authorized Rep. FL License(s):

_____ Telephone: _____

Service performed: Plans Review Inspections Discipline(s): _____

Name: _____ Private Provider Duly Authorized Rep. FL License(s):

_____ Telephone: _____

Service performed: Plans Review Inspections Discipline(s): _____

LIST OF APPROVED DRAWINGS Florida Statutes §553.791(6)

Project Information:

Permit Application #: _____

Drawing pages approved (Page __ of __) Include a separate list of drawings by Item# Sheet# Rev/Delta Date

Name/ Address: _____

This Submittal:

Scope of Work: _____

Calculations*: __yes __no # of pages _____

NOA's*: __yes __no *Listed after drawing sheets attached.

Private Provider Information:

Company name: _____

Duly Authorized Representative plans reviewer:

(Note: If utilized for the Plan Review, notarize below.)

Name: _____ License # _____

Signature: _____ Date: _____

STATE OF FLORIDA / COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____.

Name of Notary Public: _____ Signature: _____

Personally known to me ____ or Produced Identification (type) _____

My commission expires: _____ (NOTARY PUBLIC SEAL)

Private Provider: Name: _____ License # _____

Seal/Signature/Date

PLAN COMPLIANCE AFFIDAVIT Florida Statutes §553.791(6)

Project Information:

Permit Application Number: _____

Project Name: _____ Address: _____

Folio no.: _____ Notes: _____

Check all that apply:

Stand Alone Plan Revision Additional Plan/Shop Drawing Phased permit

Private Provider Information:

Name of Firm: _____ Email: _____

Address: _____ Tel: _____ Fax: _____

HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed according to, and are in compliance with, the Florida Building Code(s) and all local amendments thereto, either by myself or by my Duly Authorized Representative* identified below, who is authorized to perform plans review pursuant to Section 553.791, Florida Statutes, and holds the appropriate license or certificate:

Private Provider: _____ **Discipline:** _____

Name & FL License No.: _____

Use one Affidavit for each Review Discipline. Individually list all plan sheets reviewed, with dates. The submitted drawings must agree with this exactly. Attach additional pages of as needed, signed and sealed.

Duly Authorized Representative: *if utilized for the Plan Review, notarize this form below. Name & FL License No. of person reviewing the plans:

Signature of reviewer: _____ Date: _____

STATE OF FLORIDA COUNTY OF _____

(NOTARY SEAL) Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____.

Name of Notary Public: _____ Signature: _____

Personally known to me ____ or Produced Identification (type) _____

My commission expires: _____ (NOTARY SEAL)

Private Provider (with separate Structural Peer Reviewer)

PLAN COMPLIANCE AFFIDAVIT Florida Statutes §553.791(6)

Project Information:

Permit Application Number: _____

Project Name: _____ Address: _____

Folio no.: _____ Notes: _____

Check all that apply:

Stand Alone Plan Revision Additional Plan/Shop Drawing Phased permit

Private Provider Information:

Name of Firm: _____ Email: _____

Address: _____ Tel: _____ Fax: _____

I HEREBY CERTIFY that to the best of my knowledge and belief, the plans submitted for the above-referenced project were reviewed and approved in full accordance with the County of Seminole County Building Department requirements for Structural Peer Review by a separate Reviewing Engineer:

Name: _____ P.E. No: _____ Firm: _____

I HAVE VERIFIED that he/she holds a valid license to practice engineering in the State of Florida, and that he/she has been authorized in advance by the County of Seminole County to perform a Structural Peer Review of this specific project. I ALSO CERTIFY that I have reviewed the Structural Peer Review report prepared by the aforementioned Reviewing Engineer, and that it was prepared in full accordance with the County of Seminole County Building Department requirements for Structural Peer Review.

I FURTHER CERTIFY that to the best of my knowledge and belief, I (or my Duly Authorized Representative*) have reviewed the plans submitted herewith for conformance with Rule 61G15-23.001 of the Florida Administrative Code, which sets forth the minimum standards for sealing engineering documents and the information to be included therein.

Private Provider: Name & FL License No.: _____

Duly Authorized Representative: *if utilized for the Plan Review, notarize this form below. Name & FL License No. of person reviewing the plans: _____

Signature of reviewer: _____ Date: _____

Provide a list of all plan sheets and documents reviewed, with dates, including the Structural Peer Review report. The submitted drawings must agree with this log exactly. Attach as many pages as needed, signed and sealed.

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____.

Name of Notary Public: _____ Signature: _____

Personally known to me ____ or Produced Identification (type) _____

My commission expires: _____ (NOTARY SEAL)

INSPECTION REPORT (Sample) F.S. §553.791(10)

The sample report below is presented as a guide to the minimum information required. The style and format to be used is left up to the Private Provider. The report must be kept at the jobsite at all times, available for review by the Building Official or his/her representatives.

Permit Application no. _____ Inspection date: _____ Report no. _____
Project name: _____ Job Address: _____
Contractor: _____ Contractor's representative: _____
Contractor's representative: _____ Received this report? ___no ___yes (initial) _____

Was the permitting agency notified of this inspection? ___no ___yes

Trade: ___Structural Type (category) of inspection: _____
___ Building Sub-permit no. (if applicable) _____
___ Roofing Area(s) inspected: _____
___ Electrical _____
___ Elect Low Volt _____
___ Mechanical _____
___ Plumbing _____

Results of this inspection: ___Approved ___Approved partially ___Rejected ___Field check only
___Category finalized?

Remarks:

Actions required:

___ Call for re-inspection ___ Plan revision ___ RFI from design professional

Inspector: _____ License no. _____ Signature: _____

Private Provider's Company Letterhead

INSPECTION SUMMARY (Sample) F.S. §553.791(10)

Use this document to finalize each inspection trade, i.e.: Building, Electrical, Plumbing, etc.

(Date)

Mr. Bob Pike, Building Official

Seminole County Building Department

1101 East First Street, Sanford, FL 32771

RE: Project name _____

Project address: _____

Permit application number: _____

Inspection trade: _____

Dear Building Official, I, _____, hereby certify that all required inspections under the inspection trade captioned above have been completed and approved, as evidenced by the accompanying final reports of each inspection category within that trade. This document has been prepared in accordance with F.S. 553.791(10) and is being submitted to the Seminole County Building Department for the purpose of closing out the permit captioned above.

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

[Include Seal/Signature/Date if applicable]

CERTIFICATE OF COMPLIANCE Sample F.S. § 553.791(11)

Request for CO/CC

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Bob Pike, Building Official

Seminole County Building Department

1101 East First Street, Sanford, FL 32771

RE: Project name _____

Project address: _____

Permit application number: _____

Dear Building Official,

I, _____, having reviewed and approved inspection reports numbers 1 to ____ (Structural); numbers 1 to ____ (Building); numbers 1 to ____ (Roofing); numbers 1 to ____ (Electrical); numbers 1 to ____ (Mechanical); and numbers 1 to ____ (Plumbing), as evidenced in the accompanying log of completed inspections, and HEREBY CERTIFY that all building components and site improvements for the project captioned above have been inspected under my authority, and,

To the best of my knowledge, belief and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes; and,

All required plan revisions and/or additional plans have been submitted to the County of Seminole County and have been approved; and,

The scope of work authorized under the aforementioned permit has been fully completed; therefore, I have no objection to the issuance of a Certificate of [Occupancy or Completion].

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

[Include Seal/Signature/Date if applicable]

CERTIFICATE OF COMPLIANCE (Sample) F.S. § 553.791(11)

Request for TCO/TCC

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Bob Pike, Building Official

Seminole County Building Department

1101 East First Street, Sanford, FL 32771

RE: Project name _____

Project address: _____

Permit application number: _____

Dear Building Official,

To the best of my knowledge, belief and professional judgment, all required inspections have been completed in conformance with the approved plans and applicable codes, except that a portion (or portions) of the scope of work authorized under the aforementioned permit has not been fully completed, and/or conditions exist which have not yet been satisfied, as follows:

[EXPLAIN IN DETAIL] [Provide a key plan or other graphic as may be necessary or useful to fully describe the approved area(s) of the project.

I HEREBY ATTEST that to the best of my knowledge, belief and professional judgment, there are no known issues relating to life safety, ADA/FHA or structural conditions which would preclude the issuance of a Temporary Certificate of [Occupancy or Completion].

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

[Include Seal/Signature/Date if applicable]

AFFIDAVIT FOR PRE-POWER (Sample) F.S. § 553.791(11)

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Bob Pike, Building Official

Seminole County Building Department

1101 East First Street, Sanford, FL 32771

RE: Project name _____

Project address: _____

Permit application number: _____

Reason for Pre-Power _____

Dear Building Official,

I hereby state that fire sprinklers if applicable, have flow in case of fire.

I hereby state that all required inspections have been completed for Electrical Pre-Power.

I hereby request Pre-Power for this subject permit application number. I understand that all fees must be paid before releasing Pre-Power.

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

[Include Seal/Signature/Date if applicable]

STATE OF _____ COUNTY OF _____/

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____, being personally known to me ___ or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary Public Print Name

My Commission Expires: _____

(Notary Seal)

Private Provider's Company Letterhead

AFFIDAVIT FOR TUG (Sample) F.S. § 553.791(11)

The sample statement below is presented as a guide to the minimum language expected.

(Date)

Mr. Bob Pike, Building Official

Seminole County Building Department

1101 East First Street, Sanford, FL 32771

RE: Project name _____

Project address: _____

Permit application number: _____

Reason for Tug : _____

Dear Building Official,

I hereby state that fire sprinklers if applicable, have flow in case of fire.

I hereby state that all required inspections have been completed for Electrical Tug.

I hereby request Tug for this subject permit application number. I understand that all fees must be paid before releasing Tug.

Respectfully submitted,

(Private Provider Name)

(Florida License No.)

[Include Seal/Signature/Date if applicable]

STATE OF _____ COUNTY OF _____/

Sworn to (or affirmed) and subscribed before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by _____

_____, being personally known to me ____or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary

Public Print Name

My Commission Expires: _____