

**DIGITAL SIGNATURE DELIVERY**  
(FOR INITIAL VERIFICATION ONLY)

**Authorization and Acknowledgement**

The undersigned architect, engineer, surveyor or contractor ("Undersigned") understands that (s)he is authorizing Seminole County Development Services Department, through its application and review process, to accept documents electronically using the seal and signature appearing below and desire to submit their digital signature for initial verification and subsequent routing to assigned County review staff if found to contain the required elements in the digital signature as applied to this Digital Signature Delivery form. It is the Undersigned's obligation to maintain its information in a secure environment to ensure that all documents electronically submitted are in fact submitted by the Undersigned. The Undersigned acknowledges that submittal of this form does NOT imply or intend that actual work provided to Seminole County as prepared by the Undersigned need not be signed and also acknowledges that ALL work submitted to Seminole County must meet all signing and sealing requirements governed by the Undersigned's discipline governing Board, as well as additional elements required by Seminole County to ensure the County is establishing processes and systems for accepting digitally signed and sealed work that meet the intent of the Electronic Signature Act of 1996. If, after verifying the signature, it is found that the Undersigned's digital signature does not meet requirements, the Undersigned will be notified how to correct the signature so that it does meet requirements.

**Governing Law**

The Undersigned understands that the electronic signing and sealing of documents is governed by Florida law, specifically but not limited to Florida Statute Chapter 471, 472 and 481 respectively, The Electronic Signature Act of 1996 (F.S. 668.01-668.006) and Florida Administrative Code sections 61G15-23.00, 61G1-16, 61G17-7. Seminole County has attempted to create an electronic signature process in compliance with Florida law but shall not be liable in any manner for any violations of professional licensure regulations. It is the Undersigned's responsibility to ensure compliance with all laws, regulations, and ordinances that govern his/her professional license.

\_\_\_\_\_  
APPLICANT NAME (Please print)

\_\_\_\_\_  
NAME OF COMPANY

\_\_\_\_\_  
CONTACT PHONE NUMBER

DIGITAL SIGNATURE:

Place your digital signature block using the signature field shown below: