City of Riverside

Building & Safety Division
Phone: (951) 826-5697
Fax: (951) 826-5622
www.riversideca.gov

❖ CONTRACTOR – AUTHORIZED AGENT FORM ❖

Company Name: _____

Contractor's Name: _____

Contractor's Lic. No: _____

The undersigned individual(s) employed by my company are authorized by me to pull permit(s), from the City of Riverside, on my behalf. If this list changes, we will contact your office in writing. There is no expiration date for this letter.

THE BELOW LISTED EMPLOYEES ARE AUTHORIZED TO PULL PERMITS UNDER MY CONTRACTOR'S LICENSE NUMBER:

Print Name(s)	**Signature**(s)
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____
Signature of Licensed Contractor **Date**

THIS DOCUMENT MUST BE NOTARIZED

STAMP NOTARY SEAL HERE AND ATTACH SEPARATE NOTARY DOCUMENT (ACKNOWLEDGEMENT) TO VERIFY SIGNATURE OF LICENSE HOLDER