



STATE OF FLORIDA
DEPARTMENT OF MANAGEMENT SERVICES
Agency's Authorized Signature Authority

PLEASE LIST ALL PERSONS AUTHORIZED TO SIGN THE FOLLOWING DOCUMENTS:

Authorizations for Fiscal Year: _____

Certification of Compliance; Lease Agreement; Modifications; Lease Renewals; Lease Cancellations; Request for Prior Approval of Space Need; Tenant Improvement Request; Tenant Improvement Guidelines; Tenant at Will Authorization:

Printed Name / Title (Please Double Space)

Signatures

(x) _____

(x) _____

(x) _____

(x) _____

(x) _____

(x) _____

(x) _____

(x) _____

(x) _____

(x) _____

Agency: _____

Agency Head: _____

Signature: (x) _____

Date: _____