Legal Worker Certification

1,	, Authoriz (Address)	zed representative	of (Company na	ame)
(City)	, (Address) , (State)	(Zip)	, (Tax Ide	entification
Number)	, who v	vill be doing roofii	ng repair/replace	ement at the
	do hereby attest and			
	ters who will be engars listed below are eit			
	ed or Permitted by the			
	department of the co			
their status.	•	1 0		, ,
Location of worksite				
Street Addres	SS:			
City/State/Zi	p:	/	/	
County:				
Worker Listing:				
Name	Address		Last four	r of SS# er License.
	/		/	
			/	
	/		/	
	/			
	/		/	
			/	
Printed Name		Signature		Date