

Jackson County Building Department
4979 Healthy Way, Suite B.
Marianna, FL 32448
Phone 850-482-9802
Fax 850-718-0029

BLOWER DOOR TESTER FORM

DATE _____

LICENSE(S) #: _____

APPLICANT _____

COMPANY NAME _____

MAILING ADDRESS _____

CITY & STATE _____ ZIP CODE _____

PHONE #'S—OFFICE _____, CELL _____

HOME _____, FAX _____

BLOWER DOOR TESTER REQUIREMENTS

Please provide the following documentation with this form:

1. Copy of Blower Door Testing Certification
2. Copy of Liability Insurance (for individual or company)
3. Copy of Worker's Compensation Insurance or Exemption (for individual or company)
4. Copy of Business Tax Receipt (for individual or company)
5. Copy of Florida Mechanical, Class A or Class B Air Conditioning Contractor license