Artist Declaration Form

FLORIDA ART IN STATE BUILDINGS PROGRAM

I, ________________________________, (please print) do hereby agree that I will be responsible for providing the following to the ASB Administrator if I am selected for Art in State Buildings Project ____________________________ (project #, title & location).

1. Complete publication-quality, photographic documentation of each purchased or commissioned and installed work.

2. A written statement that the materials used to frame, display or construct the work are durable, structurally sound and appropriate to the environmental conditions in which they will be displayed.

3. Written instructions regarding the materials, care, maintenance and preservation requirements of the work in the event the work should have to be conserved, restored or moved.

4. A signed document which guarantees transfer of all rights of ownership and possession to the State at the time of final acceptance of the installed work. Notwithstanding the passage of title to the work to the State, the artist maintains all rights to render drawings or photographs of the work, with the exception that the State may reproduce faithful images of the work for non-commercial use, including, but not limited to, public information, educational and catalogue purposes without written consent of the artist, but always accompanied by mention of the artist's name, title of work and the year completed.

_________________________  ____________________________
Artist's Signature                  Date

Date of Birth  (for signage)

CA2E128, eff. 9/08, 1T-1.001(2)(a)
**Artist Representative Authorization**  
*(Artist should complete this section ONLY if another person will serve as their fiscal agent)*

I, ________________________________, (please print) do hereby authorize the following to act as my representative in regard to this project.

I understand that any payments due to me will be made directly to my representative (artist's name, c/o representative) and that any information or materials required by the State will be requested from my representative.

__________________________________________________________
(name, address, phone, fax, email, web site)