1015 Cultural Park Blvd
Cape Coral, FL 33990

Supplemental Materials

DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT

I, _____, the Private Provider Qualifier, do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).

DULY AUTHORIZED REPRESENTATIVES:

(List each Authorized Representative individually; use a separate form for each Authorized Representative)

Print Name: _____

License Number – Standard Plans Examiner _____ Standard Inspector _____

Trade Categories: _____

Submit a copy of the license for each Duly Authorized Representative.

Signature of Private Provider Qualifier: _____

License #: _____

PRIVATE PROVIDER FIRM: _____

NOTARY

STATE OF FLORIDA
COUNTY OF _____

Before me, this _____day of _____20_____, personally appeared _____,

who executed the foregoing instrument, and acknowledged that same was executed for the purposes

therein expressed. He/she is ____personally known or ____procured Identification. Type of ID _____

_____
Signature of Notary Public

Seal