

Miami-Dade County
Suspected Workers' Compensation Fraud Affidavit

Pursuant to Miami-Dade County Board of County Commissioners (Board) Resolution No. R-919-18, all persons or entities contracting with Miami-Dade County shall pledge to provide written notice and disclosures to all workers, on how to report any suspected workers' compensation fraud to the State of Florida Bureau of Workers' Compensation Fraud.

By affixing your signature below, you hereby affirm that below identified firm is in compliance with, agrees to continue to comply with, and assures that any subcontractor or third party contractor shall comply with all applicable requirements.

Federal Employer Identification Number (FEIN): _____

_____ PrintedNameofAffiant	_____ PrintedTitleofAffiant	_____ Signature of Affiant
_____ NameofFirm	_____ Date	
_____ AddressofFirm	_____ State	_____ Zip Code

Notary Public Information

NotaryPublic - State of _____ County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 20__

by _____ He or she is personally known to me _____ or has produced Identification

Type of identification produced _____

Signature of Notary Public

Serial Number _____

Print or Stamp of Notary Public

Expiration Date