

Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the
Miami-Dade County Alternative Plan Review and Inspection Registration Program.

I _____ the Private Provider do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a second form if necessary)

Print Name	License Number(s)	Trade Category	Signature

Submit resumes of each Duly Authorized Representative and copies of their licenses.

SIGNATURE OF THE PRIVATE PROVIDER _____

PRIVATE PROVIDER FIRM _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____ COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC:

CHECK ONE PERSONALLY KNOWN TO ME _____

PRODUCED IDENTIFICATION _____

TYPE OF ID PRODUCED _____

SIGN: _____

PRINT: _____