



*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