

# 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** \_\_\_\_\_

**STATE OF FLORIDA COUNTY OF MIAMI-DADE**

Sworn to and subscribed before me by means of  physical presence OR

online notarizations this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ Signature of Notary Public \_\_\_\_\_

Print Name \_\_\_\_\_

Personally known \_\_\_\_\_

(SEAL)

or Produced Identification \_\_\_\_\_