



### Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the Village of Estero Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b)

I \_\_\_\_\_ the Private Provider 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 individually; use a separate form for each Authorized Representative)

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

License Number – Standard Plans Examiner \_\_\_\_\_ Standard Inspector \_\_\_\_\_

Trade Categories \_\_\_\_\_

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

Signature of Private Provider \_\_\_\_\_ License # \_\_\_\_\_

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 I.D. \_\_\_\_\_

TYPE OF ID PRODUCED \_\_\_\_\_

SIGN: \_\_\_\_\_

PRINT: \_\_\_\_\_