Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the Bay 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 received unemployment compensation benefits under Chapter 443.

NAME AND LICENSES OF DULY AUTHORIZED REPRESENTATIVES

STATE OF FLORIDA
COUNTY OF BAY

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, appeared _____ who is personally know to me _____ or having produced _____as identification and who being fully sworn and cautioned, state that the foregoing is true and correct to the best of his/her knowledge or belief.

_____ _____
Signature of Notary Print Name

Notary Public: NOTARY STAMP BELOW

My commission expires:_____