



Islamorada, Village of Islands

## Duly Authorized Representative Employment Affidavit for Private Provider

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 copy of license of each Duly Authorized Representative.

**PRIVATE PROVIDER SIGNATURE** \_\_\_\_\_

**PRIVATE PROVIDER FIRM NAME** \_\_\_\_\_

**STATE OF FLORIDA COUNTY OF MONROE**

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

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

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

Personally known \_\_\_\_\_ (SEAL)

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