



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 _____