



## DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT

This affidavit is required pursuant to the City of Venice Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (16) (b).

I, \_\_\_\_\_, the Private Provider, do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive reemployment benefits under Chapter 443, as required by F.S. 553.791 (8).

### DULY 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. Submit a separate form for each employee.*

Signature of Private Provider: \_\_\_\_\_

License #: \_\_\_\_\_

Private Provider Firm: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (printed name of owner or qualifier) \_\_\_\_\_

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current driver's license \_\_\_\_\_
- Has produced \_\_\_\_\_ as identification.

Notary Signature: \_\_\_\_\_

Must Comply with Notarial Law
Notary