

Gadsden County

Building Inspections Division

1-B E. Jefferson St./ Post Office Box 1799, Quincy, FL 32353

Phone: (850)875-8665 Fax: (850)875-7280

Florida Statute 553.791(8) requires that all Duly Authorized Representative(s) are employees of the Private Provider who is/are

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives (DAR), as per F S §553.791(4)(b)

entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

epresentative(s) listed below a nemployment compensation b			ovider, do hereby affirm that tute 553.791 and are entitled			
ULY AUTHORIZED REPRESENT. more space is needed to list al		te "Employment A <u>f</u>	ffidavit Form" signed and sea	led, to list them.		
Name	State of Florida License(s) #:	Discipline	Signature	BORA C	BORA Certified	
				Yes	No	
ubmit resumes of each Duly A	uthorized Penresentative a	nd conies of their	licancas	I	1	
Private Provider Company Name:					re of Age	
Authorized Agent for Private P	rovider Company (Print Na	COUNTY (sworn to (c	OF or affirmed) and subscribed befor , 20 by:	re me this d	ay of	
Authorized Agent for Private P	Provider Company (Title):	(Type / Print	Agent Name)			
		—— (NOTARY'	S SIGNATURE as to Agent)	— NOTARY	SEAL	
		Notary Name	e or Stamp Notary's Name)			
		(Fillit, Type	of Stamp (votary s (value)			