

**Private Provider – Duly Authorized Representatives**

This affidavit is required pursuant to the Collier County 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:**

**Name:** \_\_\_\_\_

**License numbers – Standard Plans Examiner:** \_\_\_\_\_ **Standard Inspector:** \_\_\_\_\_

**Trade Categories:** \_\_\_\_\_

**Florida License, Registration or Certificate #:** \_\_\_\_\_

*Submit resumes of each Duly Authorized Representative and copies of their licenses. Submit a separate form for each employee.*

**Private Provider Name:** \_\_\_\_\_

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

**Private Provider Signature:** \_\_\_\_\_  
Digitally signed or notarized.

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

Notary