



Duly Authorized Representative Employment Affidavit

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

DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a separate form for each Authorized Representative)

Print Name See Attached DAR

License Number – Standard Plans Examiner _____ Standard Inspector _____

Trade Categories _____

Submit resumes of each Duly Authorized Representative and copies of their licenses.

Signature of Qualifier *Renée Lewis* License # BU1083

Signature of Representative: _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF Florida COUNTY OF Pasco

SWORN TO AND SUBSCRIBED BEFORE ME THIS 25 DAY OF February, 20 26

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: *Mark Bell*

PRINT: Mark Bell

