

Supplemental Materials

DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT

This affidavit is required pursuant to the Collier County Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b).

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 each Authorized Representative individually; use a separate form for each 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.

Signature of Private Provider: _____

License #: _____

PRIVATE PROVIDER FIRM: _____

NOTARY

STATE OF FLORIDA
COUNTY OF _____

Before me, this ____ day of _____ 20____, personally appeared _____,
who executed the foregoing instrument, and acknowledged that same was executed for the purposes
therein expressed. He/she is ____ personally known or ____ procured Identification. Type of ID _____

Signature of Notary Public

Seal