

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: _____

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 drivers license _____
- Has produced _____ as identification.

Notary Signature: _____

Must Comply with Notarial Law

Notary Seal