



City of Coral Gables
Development Services Department

EMPLOYMENT AFFIDAVIT
PRIVATE PROVIDER

Form R.2

For Private Provider Duly Authorized Representatives F.S. §553.791(4)

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

I, _____, the Private Provider, do hereby affirm that the Duly Authorized Representatives listed below are my employees, as required by Florida Statute 553.791 and are entitled to receive unemployment compensation benefits under Chapter 443.

DULY AUTHORIZED REPRESENTATIVES:

Name (print)	Florida License no(s)/Discipline	Signature

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

Private Provider Name: _____

Florida License No.: _____

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Seal/Signature/Date

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SWORN AND SUBSCRIBED before me, this _____ day of _____, 20 _____, personally appeared _____, being personally known to me () or having produced as identification _____, and who being fully sworn and cautioned, states that the foregoing is true and correct to the best of his/her knowledge and belief.

Signature of Notary: _____

Print Name: _____

Notary Public Stamp:

My Commission Expires: