

Building & Permitting

490 3RD ST NW

863-291-5695

M-F 8AM - 5PM

DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT

This affidavit is required pursuant to the City of Winter Haven Alternative Plan Review and Inspection Registration Program. §553.791(16), Fla. Stat. (2021).

I, _____, the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive reemployment assistance benefits under Chapter 443 of the Florida Statutes, as required by Section 553.791(8) of the Florida Statutes.

DULY AUTHORIZED REPRESENTATIVES:

(List 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 _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC