



Duly Authorized Representative Employment Affidavit City of Marco Island

This affidavit is required pursuant to the City of Marco Island Alternative Plan Review and Inspection Registration Program.

I _____ authorized qualifier of _____ 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 for

Permit #: _____

Address: _____

(List individually; use a second form if necessary)

Name of Inspector or Reviewer	License #	Discipline	Acting as Inspector or Reviewer	Signature

Submit applicable Licenses of each Duly Authorized Representative

Print Name of Licensed Contractor

Signature of Licensed Contractor

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,

by _____, who is ☐ personally known to me, or ☐ has produced _____

as identification, by means of ☐ physical presence or ☐ online notarization.

Signature, Notary Public – State of Florida

(Seal)

Printed, Typed, or Stamped Name of Notary