



Duly Authorized Representative Employment Affidavit

This affidavit is required pursuant to the City of Boca Raton's Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b)

I _____ as the duly authorized representative for the Private Provider Firm listed below, do hereby affirm that I'm an "**employee**" as defined by F.S. 448.101(2), and understand that I'm entitled to reemployment assistance benefits under Chapter 443, in accordance with F.S. 553.791 (8).

Private Provider Firm _____
Engineer, Architect, Building Code Administrator License number _____

Submit copies of all DBPR licenses for each Duly Authorized Representative.

Duly Authorized Representatives:

(List individually; use a separate form for each Authorized Representative)

Print Name _____

License number - Standard Plans Examiner _____ **Standard Inspector** _____

Trade Categories _____

Name - Duly Authorized Representative

Signature - Duly Authorized Representative

This Section To Be Completed By a Notary Public:

State of _____ County of _____

Sworn to and Subscribed before me this _____ day of _____, 20____

Notary Public, Check One: Personally Known to Me _____ Produced Identification _____

Type of Identification Produced _____

Sign: _____

Print: _____