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## **EMPLOYMENT AFFIDAVIT**

F.S. §553.791(4)

## DILLY ALITHORIZED REPRESENTATIVES (All licensees under Ch. 468, Ch. 471, & Ch. 468, F.S.)

| Print name               | Florida License number(s)   | Discipline                   | Signature                                    |                         |
|--------------------------|---|------------------------------|--|-------------------------|
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|                          |   |                              |  |                         |
| Representatives liste    | , the qualifying ager<br>d above are my employees, as requ<br>ment compensation benefits unde | uired by Sect. 553.791(8), F | affirm that the Duly<br>lorida Statutes, and | Authorized are entitled |
| -                        | gineers, the Seal/Signature/Date at rig<br>trators must have their signature notal            | ==                           | Γ  | ٦                       |
| Name:                    | FL License No   | D.:                          |  |                         |
| STATE OF COUN            | TY OF   |                              |  |                         |
|                          | IIBED before me by  | , being                      |  |                         |
|                          | to me or having pr  |                              | L  | ı                       |
|                          | , and who being fully   | sworn and cautioned, states  |  | <b>ــ</b><br>ure/Date   |
| that the foregoing is tr | ue and correct to the best of his/her k   | nowledge and belief.         | , 0  | ,                       |
| Signature of Notary      | Print Name  | Date                         |  |                         |
| My Commission Expire     | s: (NOTARY  | SEAL)                        |  |                         |

Form R.2 Rev. 02-14-2024

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