

# PRIVATE PROVIDER REGISTRATION

## EMPLOYMENT AFFIDAVIT

F.S. §553.791(4)

## Form R.2

Revised 03-01-2023

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 Architect or Engineer qualifying the firm, do hereby affirm that the Duly Authorized Representatives listed below are my employees, as required by Sect. 553.791, F.S. and are entitled to receive unemployment compensation benefits under Chapter 443, F.S.

### DULY AUTHORIZED REPRESENTATIVES (All licensees under Ch. 468, Ch. 471 & Ch. 468, F.S.)

Print name	Florida License number(s)	Discipline	Signature

Submit resumes and copies of professional licenses for each individual listed. Use multiple pages as necessary.

Name of Architect or Engineer Qualifying the Firm:

\_\_\_\_\_

Florida License No. \_\_\_\_\_

STATE OF \_\_\_\_\_))

L

)

COUNTY OF \_\_\_\_\_))

Seal/Signature/Date

SWORN AND SUBSCRIBED before me by \_\_\_\_\_, 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

Date

Notary Public Stamp:

My Commission Expires: \_\_\_\_\_