



# Planning & Development

## DULY AUTHORIZED REPRESENTATIVE (DAR)

### Employment Affidavit

This affidavit is required pursuant to the City of Tampa Private Provider Review and Inspection Registration Program. F.S. 553.791 (8).

*The authorization(s) for the listed individual(s) will remain in effect, unless cancelled in writing, by the undersigned.*

Private Provider Name (Printed): \_\_\_\_\_

Private Provider License No: \_\_\_\_\_

I, \_\_\_\_\_, 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.

\_\_\_\_\_  
Printed or Typed Name of Private Provider

\_\_\_\_\_  
Signature of Private Provider

### NOTARY

STATE OF FLORIDA

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

SWORN TO (OR AFFIRMED) AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
Signature of Notary Public – State of Florida

(NOTARY SEAL)

\_\_\_\_\_  
Printed or Typed Name of Notary Public



# Planning & Development

## DULY AUTHORIZED REPRESENTATIVE (DAR)

### Employment Affidavit

The law requires that all Duly Authorized Representatives (DAR) are employees of the Private Provider firm and as such, entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

#### DULY AUTHORIZED REPRESENTATIVES

If more space is needed to list all DARs, please submit a supplementary signed/sealed form with the information. You must also submit copies of license(s) for each DAR listed (screen print from DBPR website is acceptable).

Name (Printed)	FL License No(s)	Discipline	DAR Signature