



Development & Growth Management

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).

(NOTARY SEAL)

Signature of Notary Public – State of Florida

Printed or Typed Name of Notary Public



Development & Growth Management

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

