



Private Provider
Duly Authorized Representative (DAR)
Employment Affidavit

Updated 6/9/2023

GENERAL INFORMATION

This affidavit is required pursuant to F.S. 553.791(8).

AUTHORIZATIONS

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

STATE OF FLORIDA

AFFIX
NOTARY
SEAL

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by
means of physical presence or online notarization,
this ____ day of _____,

by _____
(Name of person making statement)

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced: _____

