



**Town of Redington Beach**  
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## DULY AUTHORIZED REPRESENTATIVE EMPLOYMENT AFFIDAVIT

Permit Number: \_\_\_\_\_



This affidavit is required pursuant to the Town of Redington Beach Alternative Plan Review and Inspection Registration Program. F.S. 553.791 (15) (b).

I, \_\_\_\_\_, the Private Provider do hereby affirm that the Duly Authorized Representative listed below, is my employee and is entitled to receive unemployment compensation benefits under Chapter 443, as required by F.S. 553.791 (8).

### DULY AUTHORIZED REPRESENTATIVES:

(List individually; use a separate form for each Authorized Representative)

Print Name \_\_\_\_\_

License Number – Standard Plans Examiner \_\_\_\_\_ Standard Inspector \_\_\_\_\_

Trade Categories \_\_\_\_\_

**Submit resumes of each Duly Authorized Representative and copies of their licenses.**

Signature of Private Provider \_\_\_\_\_ License # \_\_\_\_\_

PRIVATE PROVIDER FIRM \_\_\_\_\_

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of \_\_\_ physical presence or \_\_\_ online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or has produced \_\_\_\_\_ as identification

\_\_\_\_\_  
 Notary Public