

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

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

Print name	Florida license number(s)	Discipline	Signature

I, _____, the qualifying agent for this firm, do hereby affirm that the Duly Authorized Representatives listed above are my employees, as required by Sect. 55.791 (8), Florida Statutes, and are entitled to receive unemployment compensation benefits under Chapter 443, F.S.

*(For architects and engineers, the seal/signature/date at right is sufficient.
Building code administrators must have their signature notarized below.)*

Name: _____ FI License No.: _____

STATE OF _____ COUNTY OF _____

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.

Seal/Signature/Date

Signature of Notary Print Name Date

My Commissioner Expires: _____ (NOTARY SEAL)