



Private Provider Duly Authorized Representative/ Private Provider Affidavit

This affidavit is required pursuant to the City of St. Petersburg Private Provider Alternative plan review and inspection registration program.

I \_\_\_\_\_ the Private Provider do hereby affirm that the Duly Authorized Representatives, listed below, are my employees, as required by Florida Statute 553.791.

DULY AUTHORIZED REPRESENTATIVES:

Table with 2 columns: Name, License/Certificate #

Signature of Private Provider

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is [ ] personally known or [ ] produced identification; type of ID produced \_\_\_\_\_.

Signature

Print Name

(Notary Stamp)