



Form R.1

PRIVATE PROVIDER REGISTRATION

Florida Statutes §553.791(15)(b)

Please submit all of the following documents. Certificate of Insurance must be sent directly from your insurance company to the Town of Indian Shores.

1. Copy of current Florida license for the business entity (Certificate of Authorization).
2. Copy of Florida licenses for all Private Providers.
3. Resume for Qualifier and all Private Providers.
4. Occupational license.
5. Copy of Driver's License.
6. Certificate of Insurance for General Liability and Worker's Compensation. The Certificate must name the Town of Indian Shores as the certificate holder and include the address of the project.

PRIVATE PROVIDER FIRM

Name of Firm: _____

Business Address: _____

Telephone: _____ Fax: _____ Email: _____

Federal Employer Identification Number (FEIN): _____

PRIVATE PROVIDER (QUALIFIER)

Name of Qualifier: _____ Signature: _____

Home Address: _____

Home Telephone: _____ Alternate Telephone: _____

State of FLORIDA)

County of Pinellas)

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.

Signature of Notary

Print Name

Date

Notary Public: NOTARY PUBLIC STAMP BELOW

My Commission Expires _____

Form R.2

EMPLOYMENT AFFIDAVIT

For Private Provider Duly Authorized Representatives FS § 553.791(4)

Florida Statute 553.791(8) requires that all Duly Authorized Representatives are employees of the Private Provider who are entitled to receive unemployment benefits under Chapter 443 of the Florida Statutes.

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.

DULY AUTHORIZED REPRESENTATIVES:

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

Private Provider Name:

Florida License No.

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

Notary Public Stamp:

My Commission Expires:

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