



Home Caregiver Company Approved Signature Form

(To be completed by Home Caregiver Company/License Holder)

The following persons are authorized to sign affidavits on behalf of:

_____, as of _____ AHCA # _____
(Name of Florida State licensed Nursing/Health Care Agency) (Date)

Name <i>(PRINT LEGIBLY)</i>	Title <i>(PRINT LEGIBLY)</i>	Signature
1.		
2.		
3.		
4.		

Changes to this information must be submitted in writing to Palm Beach County Division of Consumer Affairs within 10 business days of change being made via email (caregiveridbadges@pbcgov.org) or fax (561-712-6610).

(Signature of owner, partner or corporate officer)

(Printed name of owner, partner or corporate officer)

BUSINESS INFORMATION		
<i>Email Address</i>	<i>Website</i>	
<i>Mailing Address</i>	<i>Phone</i>	<i>Fax</i>
<i>Physical Address (if different from above)</i>	<i>Phone</i>	

State of Florida, County of Palm Beach

Sworn and subscribed before me this _____ day of _____, _____.

Type of ID presented: Florida Driver's License Other _____

 Signature of Notary Public, State of Florida

 Notary stamp/seal