



Public Safety Department
 Consumer Affairs Division
 50 S. Military Trail, West Palm Beach, FL
 Phone: (561) 712-6600

This affidavit is to be completed by the Home Caregiver Company/ License Holder. Please e-mail completed form to: caregiveridbadges@pbcgov.org, or fax it to: (561) 712-6610.

Home Caregiver Company Endorsement

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

Please Print

This is to certify that _____ / _____ will be a licensed
(Name of applicant) / (Date of Birth)

Palm Beach County Home Caregiver for _____
(Home Caregiver Company/License Holder)

AHCA License # _____, and that the caregiver has successfully completed a Level 2 national fingerprint-based criminal history records check pursuant to Palm Beach County Home Caregiver Ordinance requirements.

I, the undersigned, attest that the following applicant is or will be affiliated with my company which is licensed to do business in the State of Florida. I understand that I must notify the Consumer Affairs Division within 10 business days via email at: caregiveridbadges@pbcgov.org, or by fax: (561) 712-6610 should our affiliation with this applicant change.

(Signature of owner, partner or corporate officer)

(Printed name of owner, partner or corporate officer)

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