



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

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

## Home Caregiver Company Update Form

**This form is only to be used to report when a PBC Licensed Caregiver is no longer affiliated AND/OR deemed ineligible by ACHA due to criminal activity.**

In accordance with the provisions of the Palm Beach County Code, Chapter XVII, Article XV – Home Caregivers Ordinance and the Laws of the State of Florida, please be advised that the following PBC Home Caregiver licensee(s) is/are no longer affiliated with:

\_\_\_\_\_ as of \_\_\_\_\_.  
*(Name of Florida State licensed Nursing/Health Care Agency) (Date)*

	Name (PRINT LEGIBLY)	ID Badge # (if known)
1.		HC
2.		HC
3.		HC
4.		HC
5.		HC
6.		HC

\_\_\_\_\_  
*(Printed name of owner, partner or corporate officer)*

\_\_\_\_\_  
*(Signature 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**