DEPARTMENT OF INSURANCE AND TREASURER
DIVISION OF STATE FIRE MARSHAL BUREAU OF FIRE STANDARDS AND TRAINING

AFFIDAVIT

I,_____, do hereby affirm that I have (Name of Applicant)

NOT been a user of tobacco or tobacco products for at least one year immediately preceding my application for certification as a Firefighter, in accordance with Section 633.34(6), Florida Statutes. Under the penalties of perjury, I declare that I have read the foregoing affidavit, and that the facts stated in it are true.

Applicant Signature:_____Date:_____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this_____day of_____20_____, by_____.
(Name of Applicant)

☐ who is personally known to me or

☐ who has produced _____as identification.
(Type of Identification)

_____
(Signature of Notary Taking Acknowledgement)

_____
(Name of Notary typed, printed or stamped)