

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

AFFIDAVIT

I, _____, do hereby affirm that I have not been a user of tobacco
(Name of Applicant)

or tobacco products for at least one (1) 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.

DATED and SIGNED this _____ day of _____, _____.

Signature of Applicant
(Signature MUST be notarized)

State of Florida
County of _____

The foregoing instrument was acknowledged by me this _____ day of _____, _____, by
_____ who:
(Name of person acknowledged)

____ is personally known to me, OR
____ has provided _____
as identification

AND WHO:

____ did take an oath
____ did not take an oath

Signature of person taking acknowledgement

Name of acknowledger typed, printed or stamped

**DEPARTMENT OF INSURANCE AND TREASURER
DIVISION OF STATE FIRE MARSHAL
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APPLICANT'S NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

I respectfully request and authorize you to furnish the Division of State Fire Marshal, Bureau of Fire Standards and Training, any and all information that you may have concerning my work record, school record, military record, and moral character. Please include any and all information of a confidential or privileged nature, and photocopies of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification as a firefighter or fire safety inspector in the State of Florida.

Signature of Applicant
(Signature MUST be notarized)

State of Florida
County of _____

The foregoing instrument was acknowledged by me this _____ day of _____, _____, by _____ who:

(Name of person acknowledged)

____ is personally known to me, OR
____ has provided _____
as identification

AND WHO:
____ did take an oath
____ did not take an oath

Signature of person taking acknowledgement

Name of acknowledger typed, printed or stamped