

DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
FLORIDA STATE FIRE COLLEGE

TOBACCO AFFIDAVIT

I _____ do hereby affirm that I
NAME (type or print)

have not been a user of tobacco products for at least one (1) year immediately preceding my application for certification as a firefighter, in accordance with Section 633.35(2), 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.

SIGNATURE OF APPLICANT

STATE OF FLORIDA
COUNTY OF _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BY ME THIS ____ DAY OF _____, 20 ____

BY _____ WHO IS PERSONALLY KNOWN TO ME, OR WHO HAS
(NAME OF PERSON ACKNOWLEDGED)

PROVIDED _____ AS IDENTIFICATION.

(SIGNATURE OF PERSON TAKING ACKNOWLEDGEMENT)

(NAME OF ACKNOWLEDGER TYPED, PRINTED OR STAMPED)
(TITLE OR RANK)
(SERIAL NUMBER, IF ANY)