AFFIDAVIT

STATE OF FLORIDA:
COUNTY OF BROWARD:

BEFORE ME, the undersigned authority, appeared _____
who, upon first being duly sworn, deposes and says:

1. I am submitting an application for a position as a Firefighter with the City of Pompano Beach, Florida.

2. I understand that Florida Statutes, Section 633.412 (6) provides:

> Any person initially employed as a firefighter must:
> Be a non-user of tobacco products for at least one
> year immediately preceding application as evidenced
> by sworn affidavit of the applicant.

3. I make this affidavit for the purpose of complying with Florida Statutes, Section 633.412 (6) and hereby swear that I have not used tobacco or tobacco products for at least one year prior to the date of the submission of my application for employment as a Firefighter with the City of Pompano Beach. The date of my application is _____.
(date of submission of application)

Further, affiant sayeth naught.

_____

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20__, by _____, who is personally known to me or who has produced _____, as identification.

NOTARY SEAL:

_____
NOTARY PUBLIC, STATE OF FLORIDA

_____
(Name of Acknowledger Typed, Printed or Stamped)

_____
Commission Number