

**THE TOWN OF LONGBOAT KEY FIRE RESCUE DEPARTMENT
TOBACCO AFFIDAVIT
(Notary Required)**

I, _____, DO HEREBY AFFIRM THAT I HAVE NOT BEEN A USER OF TOBACCO 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.

ALL EMPLOYEES HIRED AFTER OCTOBER 1, 1998 SHALL COMPLY WITH FLORIDA STATUTE 633.34(6) REGARDING TOBACCO PRODUCTS AND DURING THEIR TERM OF EMPLOYMENT SHALL REMAIN TOBACCO FREE.

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 _____,
YEAR _____.

PRINT NAME

SIGNATURE

DATE

AFFIDAVIT

STATE OF: _____

COUNTY OF: _____

BEFORE ME PERSONALLY APPEARED THE SAID _____ WHO SAYS THAT HE / SHE EXECUTED THE ABOVE INSTRUMENT OF HIS / HER OWN FREE WILL AND ACCORD, WITH FULL KNOWLEDGE OF THE PURPOSE THEREFORE.

SWORN TO AND SUBSCRIBED IN MY PRESENCE THIS _____ DAY
OF _____, YEAR _____

MY COMMISSION EXPIRES: _____

SIGNATURE OF NOTARY PUBLIC: _____