Firefighter Minimum Standards Course
Use of Tobacco Affidavit

Name: Last, First, Middle
Date of Birth:
Home Address:
Email Address & Contact Phone Number

I confirm that I have been a nonuser of any tobacco product for a minimum of one year immediately preceding the date of this application as required by Florida State Statute 633.412.

Signature of Applicant:	Date:

NOTARIZED

STATE OF FLORIDA
COUNTY OF _____

ON_____,_____,_____personally
(month & day) (year) (Applicant's Name)
appeared before me and,_____, who is personally know to me, or _____

who has provided_____as identification.

_____
Notary Public Signature

_____
Commission Expires:

Please Affix Seal Above