



### TOBACCO AFFIDAVIT

***Please print legibly.***

Last Name:	First Name:	MI:	Date of Birth (MM/DD/YYYY):
Home Address:	City:	State:	Zip Code:
Email Address:		Phone Number:	

I hereby affirm that I have not used tobacco or tobacco products for at least one year immediately preceding my application for Firefighter/EMT or Firefighter/Paramedic with the Seminole County Board of County Commissioners, as required by Florida Statute 633.34, and that the information contained herein is complete and accurate.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

**NOTARIZED**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ personally  
(month and day) (year) (applicant's name)  
appeared before me and \_\_\_\_\_ is personally known to me, or  
\_\_\_\_\_ has provided \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature

Commission expires: \_\_\_\_\_

PLEASE AFFIX STAMP OR SEAL ABOVE