****

**AFFIDAVIT**

STATE OF FLORIDA

COUNTY OF WAKULLA

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

1. I am submitting an application for a position as a firefighter with Wakulla County, Florida.
2. I understand that Florida Statutes, Section 633.34 (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.

1. I make this affidavit for the purpose of complying with Florida Statutes, Section 633.34 (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 Wakulla County Florida. The date of my application is .

 (Date of submission) Further, affiant sayeth naught.

SUBSCRIBED AND SWORN TO before me on the

day of

, 20\_\_\_\_\_

by produced

(type of identification)

. He/She is personally known to me or has as identification.

NOTARY SEAL:

NOTARY PUBLIC, STATE OF FLORIDA

(Signature of Notary taking acknowledgement)

Name of Acknowledger typed, printed or stamped

Commission Number