

Board of County Commissioners
Indian River County, Florida

TOBACCO AFFIDAVIT

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 testing and employment as a Fire-Medic, in accordance with Section 633.34, Florida Statutes. Under penalty 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 _____, 20____.

(Signature)

Sworn to and Subscribed before me.

Notary Public Signature

Printed Name

Commission Number: _____

My Commission Expires: _____

Personally Known or Provided

for identification.