CITY OF MIAMI
DEPARTMENT OF HUMAN RESOURCES

AFFIDAVIT

I _____, do hereby affirm that I have
(Name of Applicant)
not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application for certification as firefighter, in accordance with Section 633.412(6), Florida Statutes.

Under the penalties of perjury, I declare I have read the foregoing affidavit and that the facts stated in it are true.

DATED and SIGNED this _____ day of _____, 20_____.

_____
Signature of Applicant

Sworn to and subscribed before me.

_____ (Seal)
Notary Public

My Commission Expires:

_____

NOTE: THIS DOCUMENT WILL BE REQUIRED AT TIME OF ORIENTATION AND MUST BE COMPLETED, SIGNED AND NOTARIZED.