

CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY



"Commitment to Excellence"

TOBACCO AFFIDAVIT

<i>Please type or print legibly.</i>			
NAME: LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS:	CITY	STATE	ZIP CODE
E-MAIL ADDRESS		CONTACT PHONE NUMBER	

I confirm I have been a nonuser of tobacco or tobacco products for at least one year immediately preceding application as required by Florida State Statute 633.412.

SIGNATURE **DATE**

NOTARIZED

STATE OF FLORIDA
 COUNTY OF _____

On _____, _____, _____ personally
 (month and day) (year) (Applicant's Name)
 who is personally known to me,
 appeared before me and, _____ or _____ who has provided
 _____ as identification.

 Notary Public Signature
 Commission expires: _____

PLEASE AFFIX SEAL ABOVE



CORAL SPRINGS REGIONAL INSTITUTE OF PUBLIC SAFETY • CITY OF CORAL SPRINGS, FLORIDA

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