

## 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**

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### NOTARIZED

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

On \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ personally  
(month and day) (year) (Applicant's Name)

appeared before me and, \_\_\_\_\_ who is personally known to me, or \_\_\_\_\_ who has provided  
\_\_\_\_\_ as identification.

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

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

PLEASE AFFIX SEAL ABOVE