

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)

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