Greater Naples Fire Rescue District Tobacco Free 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 as a firefighter, in accordance with Section 633.34(6), Florida State Statue. Under the penalties 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 of Applicant

Sworn to and subscribed before me this _____day of _____, 20_____

Signature of Notary Public

Print, type or stamp commissioned name of Notary Public

() Personally Known() Produced Identification

Type of Identification Produced: _____