



# STC FIRE SCIENCE ACADEMY

794 CIRCUS BLVD.

SARASOTA, FLORIDA 34232

941-361-6629 FAX: 941-361-6388



## 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 a 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



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