

**CITY OF MIAMI  
DEPARTMENT OF EMPLOYEE RELATIONS**



**AFFIDAVIT**

I \_\_\_\_\_, do hereby affirm that I have  
(Name of Applicant)  
not been a user of tobacco or tobacco products for at least one (1) year immediately preceding my application for certification as firefighter, in accordance with Section 633.34(6), Florida Statutes.

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.

\_\_\_\_\_(Seal)

Notary Public

My Commission Expires:

\_\_\_\_\_

**NOTE: IN ORDER TO PARTICIPATE IN THE CITY OF MIAMI'S WRITTEN EXAM FOR THE POSITION OF FIREFIGHTER, THIS DOCUMENT MUST BE SUBMITTED WITH THE APPLICATION PRIOR TO THE CLOSING DATE AND MUST BE COMPLETED, SIGNED AND NOTARIZED.**

