



TOBACCO SUBSTANCE AFFIDAVIT

I, _____, as an applicant for the position of
(Print Name)

Sworn Police Officer with the City of DeLand, hereby, certify that I am not now nor have been a smoker of cigarettes or any other tobacco related substances for the two years previous to this the _____ day of _____, 20_____.

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF VOLUSIA

I, _____, A Notary Public in and for said County and State do hereby certify that, _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

WITNESS my hand and official seal this the _____ day of _____, 20_____.

Notary Public