

AFFIDAVIT OF CRIMINAL BACKGROUND SCREENING

COMPANY/ORGANIZATION NAME:	DA	ATE:
COMPLETED AS: Registered Vendor Special Eventor	ent Vendor	eting Other:
Permittee for:	ent Name	Event Date
By signing this form, I am swearing or aff volunteers, and independent contractors company/organization to provide goods or	s (collectively "Personnel") empl	oyed or retained by the above named
Florida Department of Law Enforce United States Department of Justic		
The information in this Affidavit is current to provide goods or services on park proper	rty, Affiant shall provide an update	d Affidavit.
All Personnel providing goods or services o checked using the databases above.	n park property are listed below a	nd identified by name, birthdate, and date
Name	Birthdate	Date Checked
	(Use separate sheet of po	aper for additional names if necessary)
Signature of Affiant		
State of Florida, County of Broward		
Signed and sworn or affirmed to me this	day of, 20, by	(Name of Affiant)
My commission expires	SIGNATURE OF NOTA	RY PUBLIC, STATE OF FLORIDA
Personally known to me, orProvided identification		
Type of identification: DO NOT INCLUD	DE LICENSE NUMBER	(SEAL)