



# SUNRISE POLICE DEPARTMENT

10440 W. Oakland Park Blvd.

Sunrise, FL 33351

954-746-3370



## BACKGROUND QUESTIONNAIRE INSTRUCTIONS

The following criteria are minimum requirements that must be met at the time the background questionnaire is submitted to the Sunrise Police Department Personnel Unit. All statements in this questionnaire are subject to verification and any applicant intentionally giving false information will be subject to disqualification. No processing will start until these minimum requirements have been satisfied. Notarization is free at the Sunrise Police Personnel Unit for applicants. An appointment is required for notarization.

### 1. BACKGROUND QUESTIONNAIRE

- A. This questionnaire must be typed.
- B. Every question must be answered. If a question does not apply to you, answer "N/A".
- C. If the space available is insufficient, use a separate piece of paper numbered to correspond to the appropriate question.
- D. Always list complete mailing addresses including zip codes.

### 2. AUTHORIZATION TO RELEASE INFORMATION

An "Authorization to Release Information" form (provided with this questionnaire) must be signed by the applicant and notarized. This form must accompany the questionnaire.

### 3. DOCUMENTS CHECKLIST

- Birth Certificate
- Social Security Card
- Driver License
- High School Diploma or GED Certificate
- College Diploma and Transcripts (if applicable)
- Proof of Citizenship (if not native born)
- DD-214 (if applicable for Military)
- FLHSMV - Complete Driver License History
- Supportive Documents: Training certificates, awards, letters of recommendation and any other licenses held

### 4. AFFIRMATION STATEMENT

An "Affirmation Statement" form (provided with this questionnaire) must be signed by the applicant and notarized. This form must accompany the questionnaire.

**AUTHORIZATION TO RELEASE INFORMATION**

Permission is hereby given any agency of the government of the United States, any municipal corporation or political subdivision of this or any other state or agency or department thereof, and any other agency, person, firm, or corporation holding any and all records considered confidential or otherwise, concerning me, to furnish the Sunrise Police Department all information and copies thereof desired involving me in any way, upon request. Included in this grant of authority is my permission to former employers and other persons acquainted with me or in possession of information concerning me to supply such information to the Sunrise Police Department.

Such records, I understand, may include reasons for termination of employment, disciplinary records, reasons for discharge from military service, criminal history, on the job performance, educational records, credit records, polygraph examinations, psychological examinations, and any other personal information which may not otherwise be obtained without prior agreement.

I further understand some of the information which may be obtained about me will be obtained upon assurance of confidentiality by the Sunrise Police Department to the person or persons supplying such information. I understand that this information will be privileged to the Sunrise Police Department to which I will not have access.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ (year) by \_\_\_\_\_ (Name) \_\_\_ who is personally known to me or \_\_\_ has produced a \_\_\_\_\_ (Type of Identification) and \_\_\_ did / \_\_\_ did not take an oath.

\_\_\_\_\_  
**Signature of Notary, State of Florida**

\_\_\_\_\_  
**Print Name of Notary**

Notary Seal

<b>1. LAST NAME</b>		<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	
<b>2. LIST ANY OTHER NAMES THAT YOU HAVE USED.</b>				
<b>3. DATE OF BIRTH - MONTH/DAY/YEAR:</b>		Please be advised that pursuant to Section 119.071(5)(a)2.a., Florida Statutes the City of Sunrise ("City") discloses that the City requests your social security number for the purpose of payroll eligibility verification, processing employment benefits, income reporting, tax reporting, background checks on employee applicants, advisory board applicants, and other City program Volunteers. Social security numbers are also used as a unique numeric identifier and may be used for search purposes.		
<b>4. SOCIAL SECURITY NUMBER:</b>				
<b>5. PLACE OF BIRTH</b>				
<b>CITY</b>		<b>COUNTY</b>	<b>STATE</b>	<b>COUNTRY</b>
<b>6. HEIGHT</b>		<b>WEIGHT</b>	<b>HAIR COLOR</b>	<b>EYE COLOR</b>
<b>7. PRESENT HOME ADDRESS</b>				
<b>STREET</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>8. EMAIL:</b>		<b>9. CELLULAR PHONE:</b>		
<b>10. ARE YOU A CITIZEN OF THE UNITED STATES?</b>		<input type="checkbox"/> NO <input type="checkbox"/> YES - SELECT ONE: <input type="checkbox"/> NATURAL BORN <input type="checkbox"/> NATURALIZED (ANSWER QUESTION #11)		
		<b>11. IF NATURALIZED, LIST NUMBER:</b>		
<b>12. MARITAL STATUS:</b>		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ENGAGED		
<b>13. LIST ALL MARRIAGES</b>				
<b>DATE MARRIED</b>	<b>WHERE</b>	<b>SPOUSES NAME (WIFE'S MAIDEN NAME)</b>		<b>DATE OF BIRTH</b>
<b>14. NAME, ADDRESS AND PHONE NUMBER OF SPOUSE(S), IF SEPARATED OR DIVORCED.</b>				
<b>NAME</b>	<b>ADDRESS</b>			<b>PHONE</b>



17. LIST ALL OF THE INDIVIDUALS YOU CURRENTLY RESIDE WITH.			
NAME	SEX	RACE	DATE OF BIRTH
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
	<input type="checkbox"/> M <input type="checkbox"/> F		
<b>18. HAS ANY MEMBER OF YOUR FAMILY OR YOUR SPOUSE'S IMMEDIATE FAMILY EVER BEEN ARRESTED?</b>			
<input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, PROVIDE DETAILS (Name, Relationship, Date or Year, Charge(s), Investigating Agency).			
<b>19. HAS ANY OTHER RELATIVE, ASSOCIATE, OR PERSON RESIDING WITH YOU EVER BEEN ARRESTED?</b>			
<input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, PROVIDE DETAILS (Name, Relationship, Date or Year, Charge(s), Investigating Agency).			
<b>20. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY A LAW ENFORCEMENT AGENCY?</b>			
<input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES PROVIDE DETAILS (Name of the Police Agency, Dates, Charge(s), Final Disposition, Case Details).			
<b>21. HAVE YOU EVER BEEN THE SUBJECT OF A POLICE INVESTIGATION?</b>			
<input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, PROVIDE DETAILS (Date or Year, Investigating Police Agency, Agency Report #, Type of Investigation).			



<b>25. HAVE YOU SERVED IN THE U.S. ARMED FORCES?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, ATTACH COPY OF DISCHARGE/SEPARATION PAPERS.			
<b>26. IF YOU SERVED IN THE U.S. ARMED FORCES, WERE YOU EVER COURT MARTIALED, REDUCED IN RANK, TRIED ON CHARGES, OR WERE YOU THE SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, ARTICLE 15 OR ANY OTHER DISCIPLINE/PUNISHMENT?</b>				
<input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES PROVIDE DETAILS (Dates, Charges & Disposition).				
<b>27. ARE YOU PRESENTLY A MEMBER OF THE U.S. RESERVE, NATIONAL OR STATE GUARD UNIT?</b>				
<input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES PROVIDE NAME OF BRANCH/UNIT, LOCATION AND STATUS (ACTIVE, INACTIVE, STANDBY)				
<b>28. HAVE YOU EVER SERVED IN A MILITARY ORGANIZATION OF ANY FOREIGN GOVERNMENT?</b>				
<input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, PROVIDE COPIES OF SERVICE RECORDS.				
<b>29. LIST ALL HIGH SCHOOLS THAT YOU HAVE ATTENDED.</b>				
YEARS FROM/TO	SCHOOL	COMPLETE ADDRESS	GRADUATE?	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>30. LIST ALL COLLEGES AND UNIVERSITIES THAT YOU HAVE ATTENDED.</b>				
YEARS FROM/TO	SCHOOL	CREDIT HOURS	DEGREE & MAJOR	MONTH / YEAR COMPLETED

31. LIST ALL OTHER EDUCATION: VOCATIONAL, TRADE, BUSINESS, MILITARY, ETC.				MONTH /
YEARS FROM/TO	SCHOOL	CREDIT HOURS	CERTIFICAT RECEIVED	YEAR RECEIVED

**32. WERE YOU EVER SUSPENDED OR EXPELLED FROM ANY SCHOOL?**  
 NO  YES - IF YES, PROVIDE DETAILS (School Name, Year, Reason).

**33. DO YOU HAVE ANY SPECIAL LICENSES (EXCLUDING VEHICLE OPERATOR’S LICENSE)?**  
 NO  YES - IF YES, PROVIDE DETAILS.

**34. INDICATE ANY SPECIAL SKILLS YOU POSSESS AND EQUIPMENT YOU CAN USE.**

**35. ENTER FOREIGN LANGUAGE AND INDICATE YOUR KNOWLEDGE OF EACH BY PLACING AN “X” IN THE PROPER COLUMN (INCLUDING SIGN LANGUAGE). DO NOT LIST ENGLISH AS A FOREIGN LANGUAGE.**

FORIEGN LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR	EXC.	GOOD	FAIR



36. LIST (STARTING WITH CURRENT LICENSE) ALL VEHICLE OPERATOR LICENSES THAT YOU HAVE HELD.				
LICENSE NUMBER	TYPE OF LICENSE	STATE OF ISSUE	DATE ISSUED	DATE OF EXPIRATION

**37. HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED?**

NO  YES - IF YES, PROVIDE DETAILS (Year or Date, Reason).

**38. HAVE YOU EVER HAD AUTOMOBILE INSURANCE WITHDRAWN OR REVOKED OR HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE?**

NO  YES - IF YES, PROVIDE DETAILS (Year or Date, Reason).

**39. HAVE YOU EVER BEEN REFUSED A DRIVERS LICENSE BY ANY STATE?**

NO  YES - IF YES, PROVIDE DETAILS.

**40. HAVE YOU EVER ILLEGALLY USED ANY CONTROLLED SUBSTANCES / DRUGS?**

NO  YES - IF YES, PROVIDE DETAILS: Substance Type(s), Number of Lifetime Usages, Last Use (Date or Month & Year).

**41. HAVE YOU EVER BARTERED, SOLD, TRANSFERRED OR TRANSPORTED OR ARRANGED OR ACTED AS AN INTERMEDIARY FOR SALE OR DELIVERY OF ANY ILLEGAL OR CONTROLLED SUBSTANCE TO ANOTHER PERSON?**

NO  YES - IF YES, PROVIDE DETAILS: Transaction Type (Sale, Purchase, Deliver or Other), Number of Incidents, Last Incident.

**42. LIST 5 CHARACTER REFERENCES. DO NOT INCLUDE RELATIVES, CURRENT OR FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES OR ITS TERRITORIES. LIST ONLY CHARACTER REFERENCES WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING.**

NAME	EMAIL ADDRESS	YEARS KNOWN	CELLULAR NUMBER

**43. BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR WORK HISTORY FOR THE PAST 10 YEARS, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT, AND ALL PERIODS OF UNEMPLOYMENT.**

**(1) CURRENT OR PREVIOUS JOB**

FROM		TO		NAME, ADDRESS, E-MAIL & PHONE NUMBER OF EMPLOYER
MONTH	YEAR	MONTH	YEAR	
LAST SALARY		JOB TITLE		NAME OF SUPERVISOR
WHY DID YOU LEAVE?				

**(2) PREVIOUS JOB**

FROM		TO		NAME, ADDRESS, E-MAIL & PHONE NUMBER OF EMPLOYER
MONTH	YEAR	MONTH	YEAR	
LAST SALARY		JOB TITLE		NAME OF SUPERVISOR
WHY DID YOU LEAVE?				

**(3) PREVIOUS JOB**

FROM		TO		NAME, ADDRESS, E-MAIL & PHONE NUMBER OF EMPLOYER
MONTH	YEAR	MONTH	YEAR	
LAST SALARY		JOB TITLE		NAME OF SUPERVISOR
WHY DID YOU LEAVE?				

<b>(4) PREVIOUS JOB</b>					
<b>FROM</b>		<b>TO</b>		<b>NAME, ADDRESS, E-MAIL &amp; PHONE NUMBER OF EMPLOYER</b>	
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>		
<b>LAST SALARY</b>		<b>JOB TITLE</b>		<b>NAME OF SUPERVISOR</b>	
<b>WHY DID YOU LEAVE?</b>					
<b>(5) PREVIOUS JOB</b>					
<b>FROM</b>		<b>TO</b>		<b>NAME, ADDRESS, E-MAIL &amp; PHONE NUMBER OF EMPLOYER</b>	
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>		
<b>LAST SALARY</b>		<b>JOB TITLE</b>		<b>NAME OF SUPERVISOR</b>	
<b>WHY DID YOU LEAVE?</b>					
<b>(6) PREVIOUS JOB</b>					
<b>FROM</b>		<b>TO</b>		<b>NAME, ADDRESS, E-MAIL &amp; PHONE NUMBER OF EMPLOYER</b>	
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>		
<b>LAST SALARY</b>		<b>JOB TITLE</b>		<b>NAME OF SUPERVISOR</b>	
<b>WHY DID YOU LEAVE?</b>					
<b>(7) PREVIOUS JOB</b>					
<b>FROM</b>		<b>TO</b>		<b>NAME, ADDRESS, E-MAIL &amp; PHONE NUMBER OF EMPLOYER</b>	
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>		
<b>LAST SALARY</b>		<b>JOB TITLE</b>		<b>NAME OF SUPERVISOR</b>	
<b>WHY DID YOU LEAVE?</b>					
<b>(8) PREVIOUS JOB</b>					
<b>FROM</b>		<b>TO</b>		<b>NAME, ADDRESS, E-MAIL &amp; PHONE NUMBER OF EMPLOYER</b>	
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>		
<b>LAST SALARY</b>		<b>JOB TITLE</b>		<b>NAME OF SUPERVISOR</b>	
<b>WHY DID YOU LEAVE?</b>					

<b>(9) PREVIOUS JOB</b>				
<b>FROM</b>		<b>TO</b>		<b>NAME, ADDRESS, E-MAIL &amp; PHONE NUMBER OF EMPLOYER</b>
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>	
<b>LAST SALARY</b>		<b>JOB TITLE</b>		<b>NAME OF SUPERVISOR</b>
<b>WHY DID YOU LEAVE?</b>				
<b>(10) PREVIOUS JOB</b>				
<b>FROM</b>		<b>TO</b>		<b>NAME, ADDRESS, E-MAIL &amp; PHONE NUMBER OF EMPLOYER</b>
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>	
<b>LAST SALARY</b>		<b>JOB TITLE</b>		<b>NAME OF SUPERVISOR</b>
<b>WHY DID YOU LEAVE?</b>				
<b>(11) PREVIOUS JOB</b>				
<b>FROM</b>		<b>TO</b>		<b>NAME, ADDRESS, E-MAIL &amp; PHONE NUMBER OF EMPLOYER</b>
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>	
<b>LAST SALARY</b>		<b>JOB TITLE</b>		<b>NAME OF SUPERVISOR</b>
<b>WHY DID YOU LEAVE?</b>				
<b>(12) PREVIOUS JOB</b>				
<b>FROM</b>		<b>TO</b>		<b>NAME, ADDRESS, E-MAIL &amp; PHONE NUMBER OF EMPLOYER</b>
<b>MONTH</b>	<b>YEAR</b>	<b>MONTH</b>	<b>YEAR</b>	
<b>LAST SALARY</b>		<b>JOB TITLE</b>		<b>NAME OF SUPERVISOR</b>
<b>WHY DID YOU LEAVE?</b>				
<b>44. HAVE YOU EVER BEEN DISCHARGED, TERMINATED, FIRED, FORCED TO RESIGN, OR SUBJECT TO DISCIPLINARY ACTION WHILE IN ANY POSITION (EXCEPT MILITARY)?</b>				
<input type="checkbox"/> NO <input type="checkbox"/> YES - IF YES, PROVIDE DETAILS (Employer Name, Year, Action Type & Reason).				



<b>48. LIST ALL PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS.</b>			
<b>NAME &amp; ADDRESS</b>	<b>TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)</b>	<b>OFFICE HELD</b>	<b>MEMBERSHIP FROM/TO</b>
			-
			-
			-
			-
			-
			-

<b>49. LIST ALL E-MAIL ADDRESSES, DOMAINS, WEB SITES, BLOGS, FORUMS ETC. THAT YOU OWN, AUTHOR OR CONTRIBUTE TO.</b>	
<b>E-MAIL ADDRESS / NAME</b>	<b>DESCRIBE: PERSONAL E-MAIL, BLOG/SITE/DOMAIN OWNER, CONTENT AUTHOR, CONTRIBUTOR, FORUM HOST, ETC.</b>

<b>50. LIST ALL SOCIAL NETWORKING SITES THAT YOU ARE REGISTERED WITH CURRENTLY OR IN THE PAST.</b> <b>EXAMPLES: FACEBOOK, X (FORMERLY TWITTER), INSTAGRAM, SNAPCHAT, TIKTOK, LINKEDIN, YOUTUBE or ANY OTHER.</b>	
<b>SITE</b>	<b>NAME LISTED UNDER/PROFILE NAME</b>



**AFFIRMATION STATEMENT**

I hereby swear or affirm that there are no misrepresentations, falsifications or omissions in my application or background questionnaire and that the information given by me is true and complete to the best of my knowledge. If upon investigation it is found that there are misrepresentations, falsifications or omissions in my application or background questionnaire it will result in my being disqualified from the hiring process, or if after my acceptance for employment, subsequent investigations should disclose misrepresentations, falsifications or omissions, it will be just cause for immediate dismissal.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

The foregoing instrument was acknowledged before me this \_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_ (year) by \_\_\_\_\_ (Name) \_\_\_\_ who is personally known to me or \_\_\_\_ has produced a \_\_\_\_\_ (Type of Identification) and \_\_\_\_ did / \_\_\_\_ did not take an oath.

\_\_\_\_\_  
**Signature of Notary, State of Florida**

\_\_\_\_\_  
**Print Name of Notary**

Notary Seal





Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME:
DATE OF BIRTH:
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION: City of Sunrise Police Department
ADDRESS: 10440 W. Oakland Park Blvd, Sunrise, FL 33351

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

Applicant's Signature Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF COUNTY OF

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this day of year, By

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced