

ATTESTATION OF RESIDENCY

The following information is provided to identify the individual attesting to the residency requirement for background screening pursuant to s. 400.215.F.S.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ SEX _____ RACE _____

I, _____, do hereby attest under penalty of perjury that I have physically resided in the state of Florida for the previous 5 years and do hereby meet the residency requirement set forth as a condition of background screening pursuant to s. 400.215, F.S.

Signature of Affiant

Date

--OR--

I, _____, do hereby attest under penalty of perjury that I have not physically resided in the state of Florida for the previous 5 years and therefore, do not meet the residency requirement set forth as a condition of background screening and may be subject to Level II screening requirements.

Signature of Affiant

Date