

AFFIDAVIT OF CRIMINAL BACKGROUND SCREENING (FDOT and USDOJ Sexual Offender/Predator Check)

VENDOR NAME:	DATE	:
By signing this form, I am swearing or volunteers, and independent contractor	affirming that all individuals, including ors employed or retained by	, but not limited to, employees, agents,
Event Vendor Application on behalf of	of VENDOR, <u>are not</u> listed on the Floocated at www.fdle.state.fl.us or on the	ered Vendor Application or the Special orida Department of Law Enforcement e United States Department of Justice,
Office pursuant to the requirements vendor Application. VENDOR agrees	under Section 7 of the Registered Ve to provide a current Affidavit with the	ffidavit is furnished to COUNTY's Park endor Application or the Special Event applicable Application, and it must be apployed or retained to provide services
All individuals providing services Vendor Application on park property		or Application or the Special Event
Name	Birthdate	Date Eligibility Confirmed
(Use separate sheet of paper for additional	names if necessary)	
(Ose separate sheet of paper for additional	in names in necessary.)	
Signature of Affiant		
State of Florida • County of Broward		
Signed and sworn to before me this _	day of, 20, by	(Name of Affiant)
My commission expires	NOTARY PUBLIC, STATE OF FLO	ORIDA (SEAL)
[] Personally known to me, or		
[] Produced identification Type of identification:		

Form 501-242 Affidavit of Criminal Background Screening (10/16)