

**Affidavit**

The undersigned, \_\_\_\_\_ (*name*), an officer or proprietor of \_\_\_\_\_ (*name of company*) a **School District of Broward County (“District”) Vendor (“District Vendor”)** hereby certifies to **Fieldprint, Inc.**, fingerprint and badge vendor for the District (“Fieldprint”), in his/her capacity as someone with knowledge as to the legal status of the employees or independent contractors of District Vendor, hereby affirms as follows:

1. The undersign understands that pursuant to Florida State Statutes 1012.467(8)(a) (“Statute”), noninstructional contractors are required to wear a badge while on District premises.
2. In order to meet the requirements of the Statute, no contractor shall be given a badge unless he or she meets the following criteria:
  - a. Is a resident and citizen of the United States or a permanent resident alien of the United States as determined by the United States Citizenship and Immigration Services;
  - b. Is 18 years of age or older; and
  - c. Meets the background screening requirements under the Statute (to be determined by the District).
3. The undersigned hereby says, under penalty of law, that the employee(s) who are legally eligible to be provided a badge by Fieldprint do in fact meet the foregoing requirements set forth in section 2(a) and 2(b) above.

**I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF.**

\_\_\_\_\_  
(Vendor’s Full Corporate Name)

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF** \_\_\_\_\_

**BEFORE ME**, the undersigned Notary, \_\_\_\_\_ [*name of Notary before whom affidavit is sworn*], on this \_\_\_\_\_ [*day of month*] day of \_\_\_\_\_ [*month*], 2015, personally appeared \_\_\_\_\_ [*name of affiant*], known to me to be a credible person and of lawful age, who being by me first duly sworn, on \_\_\_\_\_ [*his or her*] oath, deposes and says the foregoing.

\_\_\_\_\_  
(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 \_\_\_\_\_