

EFS CRIMINAL HISTORY CERTIFICATION AFFIDAVIT

Pursuant to the contract between our company as an EFS agent and _____,
(Name of applicable service provider)

I affirm that:

I _____, am the manager/owner/principal of _____,
(* Printed/typed name) (Name of applicable company)

and I am providing this affidavit for verification of the following:

1. I declare a Florida Department of Law Enforcement criminal history check has been performed on all principals and authorized users who will be processing titles and registrations. None of the principals or authorized users has a conviction involving a felony for the last 7 years except as provided in s. 112.011(1)(b), Florida Statutes. Furthermore, none of the principals or authorized users has been convicted of a felony involving dishonesty, including but not limited to identity theft, embezzlement, or other economic crimes.
2. I declare the authorized users will not disclose willfully to any person, firm, or corporation, information obtained as a result of their duties as an authorized user. I understand that access to and use of information and computer resources provided to them are limited for the express purpose of processing title and registration transactions under applicable Florida laws, rules, and regulations.
3. I declare the authorized user(s)/agent further understands and agrees this authorization terminates when the user(s)/agent ceases to be employed by our company or when the agent ceases to be an agent under the terms of any applicable contract with the service provider.

Name of Principal/Authorized User _____ Title _____

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

* Signature & Title of Authorized Representative for EFS agent as shown above

Date signed

If you have more Principal/Authorized Users than the number of blank spaces provided above, you may photocopy this form and use it.

This is a suggested form.