AFFIRMATION OF EXEMPT CONTRACTUAL PERSONNEL
SECTION 1012.468, FLORIDA STATUTES (2007)

I, _____, as a representative of
Please Print Name

_____, affirm that the following employee(s) is/are exempt
Company Name

from fingerprint screening, per Section 1012.468, Florida Statutes (2007). They are subject to screening against the registration information regarding sexual predators and sexual offenders maintained by the Florida Department of Law Enforcement under Section 943.043, Florida Statutes (2007), and the national sex offender public registry maintained by the United States Department of Justice.

Employee Name *(Please Print)*	**Date of Birth**
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