

**DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF THE INSPECTOR GENERAL
BACKGROUND SCREENING UNIT**

**Affidavit of Compliance with Level 2 Screening Standards
For Law Enforcement Officers**

STATE OF FLORIDA
COUNTY OF _____

I, _____, with the _____,
Law Enforcement Representative Law Enforcement Agency

hereby affirm that all law enforcement officers, representing the above named law enforcement agency while in a Department of Juvenile Justice or contract provider facility or program, have been fingerprinted by the law enforcement agency and the results have been received. I further affirm that these law enforcement officers meet Level 2 employment screening standards as outlined in section 435.04, Florida Statutes.

SIGNATURE OF AFFIANT

Sworn to and subscribed before me this _____ day of _____, 20_____.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)

- Affiant personally known to notary
 - or
 - Affiant produced Identification
- (check one)

Type of Identification Produced: _____

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List of Law Enforcement Officers

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____