 **Office of Emergency Management**

 9300 NW 41ST Street

 Miami, Florida 33178-2414

T 305 468-5400

**www.miamidade.gov/fire/oem.asp**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the owner of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the County of Miami-Dade, in the State of Florida, do hereby certify, swear or affirm under the penalty of perjury that my facility’s emergency plans submitted to the Miami-Dade County Office of Emergency Management for renewal or initial review submitted on this day are accurate. The following declaration is based on my personal knowledge.

The undersigned acknowledges that this written declaration has been read, understood, fully explained, and all questions regarding it have been answered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name) (Sign Name) (Date)

I, the undersigned authority, a Notary Public in and for said County and State, hereby certify that the forgoing instrument presented to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the original of such instrument.

WITNESS my hand and official seal, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

Type of identification used: Driver License

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Commission Expiration Date