

**AFFIDAVIT OF IMMOBILIZATION AGENCY**

STATE OF FLORIDA;  
COUNTY OF MONROE:

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_,  
who, after being duly sworn, deposes and says that:

1. I am the \_\_\_\_\_ of \_\_\_\_\_.  
(owner, CEO, etc.) (Name of Immobilization Agency)
2. The named immobilization agency has verifiable experience in immobilizing vehicles;
3. The named immobilization agency maintains accurate and complete records of all payments for the immobilization, copies of all documents pertaining to the court's order of impoundment or immobilization, and any other documents relevant to each immobilization. Such records are by our immobilization agency for at least three (3) years; and
4. The named immobilization agency employs and assigns persons to immobilize vehicles that meet the requirements established below:
  - a. Have not been adjudicated incapacitated under section 744.331, Florida Statutes, or a similar statute in another state, unless his or her capacity has been judicially restored; involuntarily placed in a treatment facility for the mentally ill under chapter 394, Florida Statutes, or a similar law in any other state, unless his or her competency has been judicially restored; or diagnosed as having an incapacitating mental illness unless a psychologist or psychiatrist licensed in this state certifies that he or she does not currently suffer from the mental illness;
  - b. Are not a chronic and habitual user of alcoholic beverages to the extent that his or her normal faculties are impaired; committed under chapter 397, Florida Statutes, former chapter 396, Florida Statutes, or a similar law in any other state; have not been found to be a habitual offender under section 856.011(3), Florida Statutes, or a similar law in any other state; or have not had any convictions under this section, or a similar law in any other state, within two (2) years before this Affidavit is submitted;
  - c. Have not been committed for controlled substance abuse or have been found guilty of a crime under chapter 893, Florida Statutes, or a similar law in any other state, relating to controlled substances in any other state; and
  - d. Have not been found guilty of or entered a plea of guilty or nolo contendere to, regardless of adjudication, or have been convicted of a felony, unless his or her civil rights have been restored.
  - e. In addition, I certify that any individual that our immobilization agency employs is either a citizen or legal resident alien of the United States or has been granted authorization to seek employment in this country by the United States Bureau of Citizenship and Immigration Services.

5. The named immobilization agency has conducted a state criminal history check through the Florida Department of Law Enforcement to ensure that each person hired to immobilize a vehicle meets the requirements listed above.
6. I understand that a person who violates the above paragraph 4(a) commits a misdemeanor of the first degree, punishable as provided in sections 775.082 or 775.083, Florida Statutes.

Under the penalties of perjury and the criminal penalties contained within section 316.193(13) (c), Florida Statutes, I swear or affirm that the above statements are true and correct.

FURTHER AFFIANT SAYETH NAUGHT.

\_\_\_\_\_  
(Signature of Person Making Affidavit)

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

The foregoing instrument was acknowledged before me by means of  physical presence  online notarization, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_ (Name of Person Acknowledging).

(Seal)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Personally Known: \_\_\_\_\_

OR Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_