



Florida Department of Education  
 Bureau of Educator Certification  
 Room 201, Turlington Building  
 325 West Gaines Street  
 Tallahassee, FL 32399-0400

Communication Number  
**CT 1 0 2 N**  
 Application Supplement

**Applicant's Personal Information**

**Social Security Number**

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**First Name**

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**Middle Name**

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**Last Name**

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**AFFIDAVIT**

Effective June 10, 2004, a notarized oath is no longer required for Florida educator certification applications. The notarized oath form has been replaced with this affidavit form.

I do hereby certify that I subscribe to and will uphold the principles incorporated in the Constitution of the United States of America and the Constitution of the State of Florida.

I do hereby affirm by my signature that all information provided in my certification application is true, accurate, and complete.

**WARNING: GIVING FALSE INFORMATION IN ORDER TO OBTAIN OR RENEW A FLORIDA EDUCATOR'S CERTIFICATE IS A CRIMINAL OFFENSE UNDER FLORIDA LAW. ANYONE GIVING FALSE INFORMATION ON THIS AFFIDAVIT IS SUBJECT TO CRIMINAL PROSECUTION, AS WELL AS DISCIPLINARY ACTION BY THE EDUCATION PRACTICES COMMISSION.**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_