

I UNDERSTAND THAT THIS PERMIT CAN OR WILL BE REVOKED IF I AM CONVICTED OF,
PLEADE GUILTY OR NOLO CONTENDERE TO ANY CRIME IN ANY JURISDICTION.

I DO SOLEMNLY SWEAR THAT ALL OF THE ABOVE IS TRUE AND CORRECT.

Applicant's Signature

STATE OF FLORIDA
COUNTY OF CHARLOTTE

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

BARBARA T. SCOTT
Clerk of the Circuit Court

By: _____
Deputy Clerk

02/00