

## IMMOBILIZATION AGENCY AFFIDAVIT

Pursuant to §316.193(13), F.S., I certify that \_\_\_\_\_  
is an immobilization agency and that the agency:

1. Has verifiable experience in immobilizing vehicles.
2. 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 must be maintained by the immobilization agency for at least three (3) years.
3. Employs and assigns person(s) to immobilize vehicles that meet the following requirements:
  - a. Not been adjudicated incapacitated under §744.331, 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, or 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. Not be a chronic and habitual user of alcoholic beverages to the extent that his or her normal faculties are impaired; not have been committed under Chapter 397, former Chapter 396, or a similar law in any other state; not have been found to be a habitual offender under §856.0011(3), or a similar law in any other state; or not have had any convictions under this section, or a similar law in any other state, within two (2) years before the affidavit is submitted.
  - c. Not have been committed for controlled substance abuse or have been found guilty of a crime under Chapter 893, or a similar law in any other state, relating to controlled substances in any other state.
  - d. Not have been found guilty of/or entered a plea of guilty or nolo contendere to, regardless of adjudication, or been convicted of a felony, unless his or her civil rights have been restored.
  - e. Be a citizen or legal resident alien of the United States or have been granted authorization to seek employment in this country by the United States Bureau of Citizenship and Immigration Services.
4. The immobilization agency shall conduct a state criminal history check through the Florida Department of Law Enforcement to ensure that the person hired to immobilize a vehicle meets the requirements in sub paragraph (a)2.d., of the above referenced Florida Statute.

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5. The agency understands that a person who violates paragraph (a) of Section 316.193(13), F.S., commits a misdemeanor of the first degree, punishable in §775.082 or §775.083.

\_\_\_\_\_  
AGENCY NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
PHONE NUMBER(S)

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE/POSITION

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

I certify that on this date \_\_\_\_\_, personally appeared before me and is personally known/produced satisfactory identification that he/she is the person described in and who executed the foregoing instrument, and he/she acknowledged before me that he/she executed the same.

Executed and sealed by me in \_\_\_\_\_, Florida on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Deputy Clerk

\_\_\_\_\_  
Print, type or stamp commissioned name of notary or clerk.

My commission expires: \_\_\_\_\_