



Terry L. Rhodes
Executive Director

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CERTIFICATION STATEMENT

Under penalty of perjury I have read the requirements contained in the Memorandum of Understanding, Florida Administrative Code 74-2, and the Department of Highway Safety and Motor Vehicles Vendor IT Security Policy and declare that the following is true:

The Requesting Party _____ hereby certifies that the Requesting Party has appropriate internal controls in place at all times to ensure that the data is protected from unauthorized access, distribution, use, modification, or disclosure. This includes policies/procedures in place for both personnel to follow and data security procedures/policies to protect personal data. The data security procedures/policies have been approved by a Risk Management IT Security Professional.

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by

Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____

NOTARY PUBLIC (print name)

NOTARY PUBLIC (sign name)
My Commission Expires: _____

Signature

Printed Name

Title

Date

NAME OF AGENCY
(01/2017)