



FIRE AND RESCUE DEPARTMENT
CERTIFICATE NO: 1 Authorized by City of Jacksonville Ordinance #2006-1368-E

THE CITY OF JACKSONVILLE FIRE AND RESCUE DEPARTMENT

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR
NON-TRANSPORTATION ADVANCED LIFE SUPPORT SERVICES

Upon consideration of the record with respect to this Certificate of Public Convenience and Necessity ("Certificate"), authority to issue this Certificate was approved by the City of Jacksonville Council, upon recommendation of the Jacksonville Fire and Rescue Department, pursuant to Chapter 158, Part 5, Municipal Ordinance Code and is hereby granted to **THE CITY OF JACKSONVILLE BEACH, FLORIDA**, a municipality located within the General Services District (also known as Urban Services District #2)(the "Certificate Holder"), to provide emergency medical non-transportation Advanced Life Support ("ALS") services in accordance with the provisions of Chapter 158, Part 5 of the Municipal Ordinance Code, of the City of Jacksonville and the laws, rules and regulations of the State of Florida. In addition to being subject to the aforementioned City and State laws/regulations, this Certificate is issued and the emergency medical non-transportation ALS service hereby authorized shall be provided subject to the following conditions:

1. The State of Florida Department of Health must issue the Certificate Holder a license for the non transportation ALS services, which license must be presented to the Division of Chief of Rescue prior to exercising authority pursuant to this Certificate; and
2. The Certificate Holder must follow all procedures required for provision of ALS services in non-transportation situations, as codified in the most recent edition of the Florida Administrative Code, Part 64-E; and
3. The Certificate Holder must follow operating guidelines, consistent with those of the City of Jacksonville Fire and Rescue Department, for provision of emergency medical services including ALS, but in non-transportation settings, as, approved by the Division Chief of Rescue; and
4. The Certificate Holder must use drugs, including, but not limited to, narcotic medications (collectively referred to as the "Drugs") that are approved by the Division Chief of Rescue; and
5. The Certificate Holder must provide such Drugs, at its sole cost and expense and at no cost, expense, responsibility, provision, purchase reimbursement, replacement or exchange by or of the City of Jacksonville. This Certificate may be suspended or terminated, pursuant to procedures in the Ordinance Code.

This Certificate shall remain in force and effect for the period of four (4) years ending July 18, 2020

Date of Issuance:

July 18, 2016

BY ORDER OF THE CITY OF JACKSONVILLE

CONFIRMED:

By: 
Director/Fire Chief Fire and Rescue Department

By: 
Division Chief of Rescue Division



CERTIFICATE NO. : 1 Authorized by
1368-E

City of Jacksonville Ordinance # 2006-

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Upon consideration of the record with respect to this Certificate of Public Convenience and Necessity ("Certificate"), authority to issue this Certificate was approved by the Jacksonville City Council, upon recommendation of the Jacksonville Fire and rescue Department, pursuant to Chapter 158, Part 5, Municipal Ordinance Code and is hereby granted to THE CITY OF JACKSONVILLE BEACH, FLORIDA, a municipality located within the General Services District (also known as Urban Services District # 2)(the "Certificate Holder"), to provide emergency medical non-transportation Advanced Life Support ("ALS") services in accordance with the provisions of Chapter 158, Part 5 of the Municipal Ordinance Code, of the City of Jacksonville and the laws, rules and regulations of the State of Florida. In addition to being subject to the aforementioned City and State laws/regulations, this Certificate is issued and the emergency medical non-transportation ALS service hereby authorized shall be provided subject to the following conditions:

1. The State of Florida Department of Health must issue the Certificate Holder a license for the non-transportation ALS services, which license must be presented to the Division Chief of Rescue prior to exercising authority pursuant to this Certificate; and
2. The Certificate Holder must follow all procedures required for provision of ALS services in non-transportation situations, as codified in the most recent edition of the Florida Administrative Code, Part 64-E; and
3. The Certificate Holder must follow operating guidelines, consistent with those of the City of Jacksonville Fire and Rescue Department, for provision of emergency medical services including ALS, but in non-transportation settings, as, approved by the Division Chief of Rescue; and
4. The Certificate Holder must use drugs, including, but not limited to, narcotic medications (collectively referred to as the "Drugs") that are approved by the Division Chief of Rescue; and
5. The Certificate Holder must provide such Drugs, at its sole cost and expense and at no cost, expense, responsibility, provision, purchase reimbursement, replacement or exchange by or of the City of Jacksonville. This Certificate may be suspended or terminated, pursuant to procedures in the Ordinance Code.

This Certificate shall remain in force and effect for the period of ten (10) years, ending 12/7, 2016.

Date of Issuance:

December 7, 2006.

BY ORDER OF THE COUNCIL OF
THE CITY OF JACKSONVILLE

By: 
President of the City Council

CONFIRMED:

By: 
Director/Fire Chief/Fire and Rescue Department

By: 
Division Chief of the Rescue Division



FIRE AND RESCUE DEPARTMENT
Motor Vehicle Inspections
Ground / Air Ambulance Service Provider Permit Application
(Municipal Code Chapter 158, copy attached)

DATE: MAY 03, 2016

Type of application: New Renewal
ALS Transport ^{NON} BLS Transport Air Transport

Change of Name Change of Address

1. Name of Service JACKSONVILLE BEACH FIRE DEPT.
Mailing Address 325 2ND AVE SOUTH City JAX BCH State FL
Physical Address of Records SAME City _____ State _____
County DUVAL Zip Code 32250 Phone Number 904-247-6201
Fax Number 904-247-6155 24 Hr. Number 904-247-6200
Manager's Name DAVID L. WHITMILL Title FIRE CHIEF

2. Type of Ownership (check that which applies)

A. Individual

Name: _____
SSN: _____
Home Address _____
Business Address _____
Home Phone _____ Business Phone _____

B. Partnership (attach partnership instrument or certified copy thereof)

Name of Partnership _____
Name of Partners _____
With respect to each partner;
SSN _____
Home Address _____
Business Address _____
Home Phone _____ Business Phone _____



C. Corporation _____ (attach articles of incorporation and any amendments thereto)

Exact Corporate Name _____
State of Incorporation _____
Business Address _____
Business Phone _____

*Attach list of all officers, directors and stockholders owning five percent or more of the outstanding voting stock with notation of the percentage.

3. Medical Director LEONARDO L. ALONSO
Mailing Address 831 CHICOPIT LANE
City JACKSONVILLE State FL Zip Code 32225
Phone Number (904) 994-0857 Fax Number (904) 247-6155
Florida License Number 05 6584 Exp. Date 3/31/2018
D.E.A. Certificate Number BA2558522 Exp. Date 6/30/2019
(Attach separate sheet if more than one Medical Director. Attach a copy of Florida Medical License & D.E.A. certificate for each)

4. List the address and/or describe the location of your base station and all substations (attach separate sheet if necessary)
JBFD STATION ONE - 325 SECOND AVENUE SOUTH. JB 32250
JBFD STATION TWO - 2500 SOUTH BEACH PARKWAY JB 32250

5. I hereby certify that I have applied or will apply _____ to the Florida Department of Health for all license required by law.

6. List any and all violations of federal, state or local statutes, ordinances, rules and regulations, during the past ten (10) years. (regardless of whether or not such violations are being appened)
N/A

7. List all personnel who are to be used as ambulance drivers, EMT's and paramedics, certified by the applicant that all such persons meet requirements specified in s.158.210 (use additional sheet if necessary)
SEE ATTACHED

8. Will you operate under a name other than that stated on this application?
Yes _____ No
If yes, provide the following:
Business name _____

Counties of Registration (Pursuant to Florida Statutes) _____
Attach a copy of any fictitious name registration.

9. Provide all vehicle information specified on attached Exhibit 1. In addition, attach documentation of ownership and a copy of vehicle registration issued by the State of Florida, Division of Highway Safety and Motor Vehicles.
10. Attach copy of Certificate of Insurance which applies with all applicable State Statutes and Regulations.
11. Attach a copy of current Advance Life Support License from the State of Florida Department of Health, Bureau of Emergency Medical Services.
12. Attach copy of Duval County Occupational License.
13. Do you operate in another county(s) in Florida? Yes _____ No
If yes, name the County(s) _____
Business Address _____
D.E.A.# _____

I, the undersigned, a representative of the above service do hereby attest that licensee meets all requirements for operations of ambulance service in the state as provided in Chapters 395 & 401, Florida Statutes and Chapter 10D-66, Florida Administrative Code. I further acknowledge any violations or discrepancies discovered will subject this service and its authorized representatives to actions and penalties provided by law.

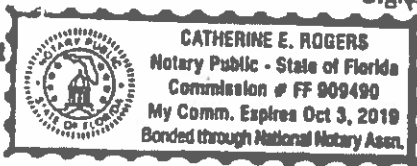
I, the undersigned, also acknowledge receiving a copy of Municipal Code Chapter 15B.

To the best of my knowledge, all statements on this application are true and correct.



Signature

Notary Seal



Catherine E. Rogers
Notary Public

Catherine E. Rogers
Name (please print)

10/3/2019
My Commission Expires Date

Administrative Assistant
Position

5/18/2016
Date



Department of Health

LEONARDO LAZARO ALONSO

License Number: OS6584

Data As Of 5/6/2016

Profession	Osteopathic Physician
License	OS6584
License Status	CLEAR/ACTIVE
Qualifications	VOLUNTEER Volunteer
License Expiration Date	3/31/2018
License Original Issue Date	04/08/1993
Address of Record	831 CHICOPIT LANE JACKSONVILLE, FL 32225 UNITED STATES
Controlled Substance Prescriber	Yes
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA0180872	06-30-2019	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	05-06-2016
ALONSO, LEONARDO L, DO JACKSONVILLE BEACH FD 325 2ND AVE S JACKSONVILLE BEACH, FL 32250		
<p>Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.</p>		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON, D.C. 20537		
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Form DEA-223 (05/04)

STATE OF



FLORIDA

3850

DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT
ADVANCED LIFE SUPPORT LICENSE

This is to certify that _____
Name of Provider

JACKSONVILLE BEACH, CITY OF

Name of Provider

_____ Address
325 2ND AVENUE SOUTH, JACKSONVILLE BEACH, FL 32250

Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity for the County(ies) listed below:

TRANSPORT

NON-TRANSPORT

_____ County(ies)
DUVAL

DUVAL

County(ies)

Emergency Medical Services Administrator
Florida Department of Health

Date: 12/02/2014 Expires: 12/31/2016

DH Form 1161, March 2013

This certificate shall be posted in the above mentioned establishment

(2)

STATE OF FLORIDA
DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES PROGRAM
APPLICATION FOR VEHICLE PERMIT(S)

EMS Provider Jacksonville Beach Fire Rescue Provider # 1611


Business Address 325 2nd Ave S

City Jacksonville Beach State FL Zip Code 32250 County Duval

	PERMIT TYPE				VEHICLE DATA					
	DUPLICATE	NEW	CURRENT PERMIT #	ALS TRANS	ALS NON-TRANS	BLS	YEAR	MAKE	MODEL	V.I.N.
1			18338		X		2000	Freightline	Humper	IFVABTAKG1HG7637
2			4036		X		2006	F-Dire	Pumper	4ENGAAA8761001604
3			6348		X		2010	HME	Quint	44KET428YA WZ21890
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Enclose Permit Fee. Please do not send cash. Checks should be made payable to Emergency Medical Services and mailed to 4052 Bald Cypress Way, Bin C-30, Tallahassee, Florida 32399-1738. All fees are nonrefundable §401.34(1) Fla. Stat.

I, the undersigned representative of the above named firm, do hereby affirm that all equipment and medical supplies required by Chapter 401, Fla. Stat., and Chapter 64J-1, Fla. Admin. Code, are present and in working order on the above described vehicles. I also affirm that the equipment and medical supplies in the required quantities will be continuously maintained at the specified level. I further affirm that the above described vehicles will be staffed, during operation, in accordance with Chapters 395 and 401, Fla. Stat., and Chapter 64J-1, Fla. Admin. Code.

 TITLE Fire Marshal DATE 10/16/14

SIGNATURE

FALSE OFFICIAL STATEMENTS: § 837.06, Fla. Stat.: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

JACKSONVILLE BEACH FIRE DEPARTMENT

PARAMEDIC/EMT LIST

MAY 2016

PARAMEDIC

Captain Ryan McAvoy
Lieutenant Poline Metcalf
Engineer Robert Tanner
Engineer Todd Kirshbaum
Engineer Gerardo Troyer
Engineer Bryson Hendricks
Lieutenant Edward Dawson
Engineer Allen Segura
Engineer Patrick McCoy
Lieutenant Ryan Sheehan
Engineer John Wiggins
Captain David Rice
Lieutenant Richard Hunter
Engineer Betsy Kirshbaum
Engineer Adam Pearson
Engineer Caleb Gressman
Engineer Jason Sparrow
Firefighter Christopher Fox
Firefighter William Richters
Captain Steve Sciotto
Lieutenant John McDaniel

EMT

Captain Ronald Rabon
Engineer Matthew McLerren
Engineer Robert Koon
Lieutenant Jeffery Nash
Engineer Shawn O'Shell
Engineer Scott McIlwain
Lieutenant Damien Reichert
Engineer William Nugent
Chief David Whitmill

FLORIDA VEHICLE REGISTRATION

CO/AGY 2 / 8

T# 475251772
 BN 398765

LATE CITY242277 DECAL Expires Midnight //

R/MK	2008	EMON	BODY	FT	COLOR	RED	Reg. Tax	19.10	Class Code	07
IN	4EN8AAAB781001604				TITLE	97024337	Init. Reg.		Tax Months	12
Plate Type	CVR		NET WT	23467	GVW	40000	County Fee	3.00	Back Tax Mos	
							Mail Fee		Credit Class	
							Sales Tax		Credit Months	
PLI LID	-						Voluntary Fees			
Plate Issued	10/31/2008		Plate Issued	10/31/2008			Grand Total	22.10		

CITY OF JACKSONVILLE BEACH
 1460 SHETTER AVE
 JACKSONVILLE BEACH, FL 32250

E22

722

CVR - PLATE ISSUED X

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, New Miramar Building, Tallahassee, FL 32389-4566

A01239

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regs. No.	Title Number
4EN8AAAB781001604	2008	EMON	FT	23467		97024337

722

Registered Owner: Date of Issue 10/31/2008

CITY OF JACKSONVILLE BEACH
 1460 SHETTER AVE
 JACKSONVILLE BEACH FL 32250

Lien Release
 Interest in the described vehicle is hereby released
 By _____
 Title _____
 Date _____

Mail To:

CITY OF JACKSONVILLE BEACH
 1460 SHETTER AVE
 JACKSONVILLE BEACH FL 32250-3432

IMPORTANT INFORMATION

- When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel.
<http://www.hsmv.state.fl.us/html/titleref.htm>



STATE OF FLORIDA

LIEN SATISFACTION

CERTIFICATE OF TITLE

Identification Number	Year	Make	Body	WT-L-BHP	Vessel Regs. No.	Title Number
4EN8AAAB781001604	2008	EMON	FT	23467		97024337
Prev State	Color	Primary Brand	Secondary Brand	No of Brands	Use	Prev Issue Date
N	RED/WHI				PRIVATE	
Odometer Status or Vessel Manufacturer or CH use				Half Material	Prop	Date of Issue
344 MILES				08/29/2008 ACTUAL		10/31/2008

Lien Release
 Interest in the described vehicle is hereby released
 By _____
 Title _____
 Date _____

Registered Owner
 CITY OF JACKSONVILLE BEACH
 1460 SHETTER AVE
 JACKSONVILLE BEACH FL 32250

1st Lienholder

NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

[Signature]

[Signature]

STATE OF FLORIDA

LIEN SATISFACTION

CITY# 2 UBM RPT# CI 11 2972
 AU IT



TRANSACTION ID'S
 LP 834425
 TR 640849713
 BU 552081

STATE OF FLORIDA
 APPLICATION FOR VEHICLE/VESSEL
 CERTIFICATE OF TITLE

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	GVW		
105204125	44KF142R XAWZ21890	2010	HMEI	CB	RED	17450			
DATE MO DAY YEAR	ISSUE	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	FUEL	VESSEL TYPE	WATER	FL NUMBER
10 29 10		ORT	PRIVATE						

Applicant/Owner's Name & Address
 CITY OF JACKSONVILLE BEACH
 1460 SHETTER AVE
 JACKSONVILLE BEACH, FL 32250

711 or Q11

BIRTHDATE SEX MO DAY YEAR	RESIDENT Y N ADJ H RE	1st OWNER FL/DL# OR FEID#	2nd OWNER FL/DL# OR UNIT#
	X		2

44KF142R XAWZ21890	2010 HMEI CB	17450	105204125
N	RED	PRIVATE	
2135 MILES	10/12/2010	ACTUAL	10/29/2010

Registered Owner
 CITY OF JACKSONVILLE BEACH
 1460 SHETTER AVE
 JACKSONVILLE BEACH FL 32250

1st Lienholder

NONE

DIVISION OF MOTOR VEHICLES

TALLAHASSEE

FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Carl A. Ford

Carl A. Ford
 Director

Central Number 100666363



Julie Jones

Julie L. Jones
 Executive Director

TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)

Federal motor state law requires that the seller state the seller's name, purchaser's name, selling price and date sold in connection with the transfer of ownership.
 Failure to complete or providing a false statement may result in fines and/or imprisonment.
 This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to

Seller Must Enter Purchaser's Name

Seller Must Enter Selling Price

I/We state that this is or is a digit odometer now reads (on ten's) writes, date read

I reflects ACTUAL MILEAGE.

2. IN EXCESS OF ITS MECHANICAL LIMITS

and I hereby certify that to the best of my knowledge the odometer reading.

3. IS NOT THE ACTUAL MILEAGE.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

SELLER Must Sign Here

Selling Dealer's License Number

Title No.

License Number

Title Collected

BUYER Must Sign Here

CO-PURCHASER Must Sign Here

STATE OF FLORIDA

VOID IF ALTERED

STATE OF FLORIDA
APPLICATION FOR VEHICLE/VESSEL
CERTIFICATE OF TITLE
AND/OR REGISTRATION

713 SA-13

COUNTY ACT # SUB # REPORT #
 0 1SD 72
 LH 132957

H 260099832
 H 110602
 CH

DECAL NUMBER DECAL NO. REG. EXPIRES TRANS. INSURANCE PLATE RESIDENT COUNTY DATE OF ISSUE PLATE NUMBER OR FLORIDA #
 32025455 1FVABTAK61HG76379 2001 FREI TK 10782 2 07 00
 TITLE NUMBER VEHICLE IDENTIFICATION # YR MAKE MAKE OF MANUFACTURER BODY TYPE CLASS WT/LNGTH GVW/LDG
 32025455 1FVABTAK61HG76379 2001 FREI TK 10782

Owner, Registrant's Name & Address
 CITY OF JAX BCH
 11 NORTH 3RD STREET
 JAX BCH, FL 32250

REG TAX	INIT REG	COUNTY FEE	MAIL FEE	SALES TAX	TITLE FEE
\$19.10	\$	\$7.75	\$	\$0.00	\$27.00
PLATE ISSUED	DATE ISSUED	INTERNET KIOSK FEE	VOLUNTARY CONT TOTAL	GRAND TOTAL	
X	10/27/00	\$0.00	\$	\$53.85	

FLORIDA VEHICLE REGISTRATION

DL# - GAV 31000
 TAG# CITY200770 DECAL# EXP //
 VIN 1FVABTAK61HG76379 TC 82025455 YR/MAKE 2001 FREI

FLEET NUMBER CREDIT VEHICLE MOB. CLASS WT/LENGTH
 DUF TITLE LOST IN

OR VESSEL DESCRIBED BELOW IS VESTED IN THE OWNER(S) NAMED HEREIN, THIS OFFICIAL CERTIFICATE OF TITLE IS ISSUED FOR SAID MOTOR VEHICLE OR VESSEL

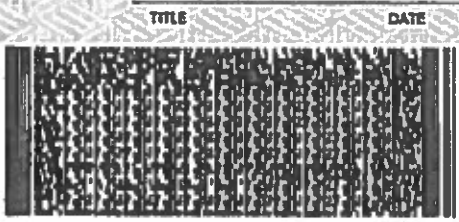
IDENTIFICATION NUMBER	YR	MAKE	MODEL	BODY	WT-L-BWP	VESSEL REGIS NO.	TITLE NUMBER
1FVABTAK61HG76379	2001	FREI	TK	TK	10782		82025455
PREV STATE	COLOR	PRIMARY BRAND	SECONDARY BRAND	NO OF BRANDS	USE		PREV ISSUE DATE
FL	RED				PVT		10/27/2000
ODOMETER STATUS OR VESSEL MANUFACTURER				HULL MATERIAL	PROP		DATE OF REG
22487 MILES	10/23/2000 ACTUAL						12/07/2000

REGISTERED OWNER
 CITY OF JAX BCH
 11 NORTH 3RD STREET
 JAX BCH FL 32250

DUPLICATE

LIEN RELEASE
 INTEREST IN THE ABOVE DESCRIBED VEHICLE IS HEREBY RELEASED
 BY _____

1ST LIENHOLDER
 NONE



DIVISION OF MOTOR VEHICLES TALLAHASSEE FLORIDA

William T. Joyce
 WILLIAM T. JOYCE
 DIRECTOR

Control Number 47216789

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Fred O. Dickinson
 FRED O. DICKINSON, III
 EXECUTIVE DIRECTOR

TRANSFER OF TITLE BY SELLER
 ODOMETER CERTIFICATION - Federal and state law require that you state the mileage in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.
 This title is warranted and certified to be true from any liens except as noted on the face of this certificate and the motor vehicle or vessel described is hereby transferred to:
 Purchaser: _____ Address: _____

I/We state that this 5 or 8 digit odometer now reads (no tenths) miles, does read _____ and to the best of my knowledge that it reflects the actual mileage of the vehicle described herein, unless one of the odometer statement blocks is checked.

Selling Price: \$ _____ Date Sold: _____
 CAUTION DO NOT CHECK BOX IF ACTUAL MILEAGE 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
 2. I hereby certify that the odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Signature of Purchaser _____
 Signature of Co-Purchaser _____
 Signature of Seller _____
 Signature of Co-Seller _____
 (When Applicable) Selling Dealer's License Number: _____

Printed Name of Purchaser _____
 Printed Name of Co-Purchaser _____
 Printed Name of Seller _____
 Printed Name of Co-Seller _____

VOID IF ALTERED

