

AFFIDAVIT

STATE OF Florida

COUNTY OF Miami-Dade

I, _____, the undersigned, being duly sworn, hereby declare, that to the best of my knowledge and belief, the information herein is true, correct, and complete.

I _____ (name) have repaired and/or replaced all parts listed on form HSMV 84490 for the vehicle in question (VIN) _____ (MAKE) _____ (YEAR) _____.

Signature

Date

Notary Name: _____

Commission # _____

Signature: _____