



Dave Kerner
Executive Director

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

CERTIFICATION STATEMENT

Under penalty of perjury I have read the requirements contained in the Memorandum of Understanding, Florida Administrative Code, Rule Chapter 60GG-2 (Formerly 74-2, FAC), and the Department of Highway Safety and Motor Vehicles Vendor IT Security Policy and declare that the following is true:

The Requesting Party and Third Party End User shall each submit to the Providing Agency an annual statement indicating that the respective party has evaluated and certifies that it has adequate controls in place to protect the Personal Identifiable Information 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
(Facial Recognition Rev. 02/23)