Description: slogan

**Miami Dade County Department of Emergency Management**

9300 NW 41st Street

Miami, FL 33178

Email: [emergencyplans@miamidade.gov](mailto:emergencyplans@miamidade.gov)

Phone: 305-468-5400

Fax: 305-468-5401

**SWORN DECLARATION INSTRUCTIONS**

**Miami-Dade County Department of Emergency Management require that all facilities submit a notarized Sworn Declaration on an annual basis. Please read the Sworn Declaration in its entirety before signing the document. The Facility Owner is attesting that the CEMP information and documentation is “true, accurate, and complete as of the date of this affirmation, and that a copy of the facility’s CEMP, and all other emergency plans, are accessible to Facility staff in the event of an emergency.” All signatures and dates on the Sworn Declaration must be hand-signed and dated on an annual basis. *When uploading the Sworn Declaration document do not include this page.***

Description: slogan

**Miami Dade County Department of Emergency Management**

9300 NW 41st Street

Miami, FL 33178

Email: [emergencyplans@miamidade.gov](mailto:emergencyplans@miamidade.gov)

Phone: 305-468-5400

Fax: 305-468-5401

I, **\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (*Name of Owner*), the owner of **\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (*Name of Facility*) in the County of Miami-Dade, in the State of Florida, do hereby certify, swear or affirm under the penalty of perjury that my facility’s Comprehensive Emergency Management Plan (CEMP) submitted to the Miami-Dade County Department of Emergency Management for renewal or initial review submitted on this day are true, accurate, and complete as of the date of this affirmation, and that a copy of the facility’s CEMP, and all other emergency plans, are accessible to Facility staff in the event of an emergency. The following declaration is based on my personal knowledge.

I understand that, during the annual CEMP review process, if my facility is found to have submitted inaccurate CEMP information and/or documentation, the facility’s CEMP approval will be delayed, and the Agency for Health Care Administration (AHCA) will be notified.

The undersigned acknowledges that this written declaration has been read, understood, fully explained, and all questions regarding it have been answered. The undersigned is authorized by the owner to submit the facility’s CEMP information and documentation and/or sign all respective CEMP documents on behalf of the facility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Sign Name Date

I, the undersigned authority, a Notary Public in and for said County and State, hereby certify that the forgoing instrument presented to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the original of such instrument.

WITNESS my hand and official seal, this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ .

Type of identification used: Driver’s License ID: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence

Affix Notary Public Stamp Here

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Expiration Date