

ATTACHMENT 12

CERTIFICATION OF A DRUG-FREE WORKPLACE PROGRAM

I, _____, as authorized representative of
_____ hereby certify that my agency currently maintains a
drug-free workplace environment in accordance with Chapter 287.087, F.S., and
will continue to promote this policy through implementation of that section.

Name of Authorized Official: _____

Title of Authorized Official: _____

Signature of Authorized Official: _____

Date: _____