

**STATEMENT OF AFFIDAVIT  
OWNER'S AUTHORIZATION FOR AGENT**

\_\_\_\_\_ of \_\_\_\_\_  
COMPANY'S REPRESENTATIVE NAME OF COMPANY

located at \_\_\_\_\_ is hereby authorized to act on behalf of  
\_\_\_\_\_ (state agency)

owner(s) of those lands described within the attached application, for the purpose of  
applying to the Department of Financial Services, Division of State Fire Marshal, for an  
application to conduct a

\_\_\_\_\_ Pyrotechnics Display

\_\_\_\_\_ Fireworks Display

BY: \_\_\_\_\_  
Signature of State Agency Head or Designee

\_\_\_\_\_ David B. Kramer  
Print Name

\_\_\_\_\_ 352 392-1591  
Telephone Number

Signed this \_\_\_\_\_ day of, 20\_\_\_\_