

AFFIDAVIT ESTABLISHING EXEMPTION FOR SCHOOL BUS INFRACTION

This form is to be completed by the registered owner identified in the Notice of Violation ("NOV") issued for a violation of Florida Statutes §316.172, enforced by a school bus infraction detection system as authorized by §316.173.

Section I: Instructions

The registered owner of the motor vehicle involved in the violation is responsible and liable for paying the Notice of Violation issued for a violation of §316.172(1)(a) or (b) unless the owner can establish that:

- (a) The motor vehicle was, at the time of the violation, in the care, custody, or control of another person;
- (b) A Notice of Violation was issued by a law enforcement officer to the driver of the motor vehicle for the alleged violation of §316.172(1)(a) or (b); or
- (c) The motor vehicle's owner was deceased on or before the date of the alleged violation, as established by an affidavit submitted by the representative of the motor vehicle owner's estate or other identified person or family member.

Please complete and mail the notarized affidavit along with any required documentation to the following address:

Transfer of Liability
Florida School Bus Infraction Detection Enforcement
P.O. Box 9002
Bloomfield, CT 06002

Please proceed to *Section II: Affidavit*.

Complete the affidavit and submit required documentation within 60 days after the date of NOV issuance.

The submission of a false affidavit is a misdemeanor of the second degree, punishable under Fla. Stat. § 775.082 or § 775.083.

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Section II: Affidavit (page 1 of 2)

I hereby depose and say as follows:

1. I have received Florida Notice of Violation ("NOV") No. _____ stating that a motor vehicle registered in my name violated Florida Statutes §316.172, enforced by a School Bus Infraction Detection System as authorized by §316.173, by failing to stop and remain stopped for a school bus that displays a stop signal.
2. I am exempt from the payment of the statutory penalty in the NOV because (check all that apply)

☐ At the time of the violation described in the NOV, my vehicle had been stolen. A true and correct copy of the police report is attached to this affidavit.

☐ At the time of the violation described in the NOV, the vehicle's assigned license plate had been reported lost or stolen. A true and correct copy of the police report is attached to this affidavit.

☐ A Notice of Violation has been issued by a law enforcement officer (in person) to the driver of the vehicle for the same violation of Florida Statutes §316.172 described in the NOV. Provide NOV Serial No. _____.

☐ The motor vehicle's owner was deceased on or before the date that the violation occurred. I understand that I must be the representative of the motor vehicle owner's estate or other designated person by a family member to fill out this affidavit. I understand that I must include a certified copy of the owner's death certificate showing the date of death occurred on or before the date the violation occurred and at least **one** of the following documents (check any that are provided):

- ☐ A bill of sale or other document showing the deceased owner's motor vehicle was sold after date of death but on or before the date of the alleged violation
- ☐ Documentary proof that the registered license plate belonging to the deceased owner's vehicle was returned to FLHSMV or its authorized agent(s) on or before the date of the alleged violation, or
- ☐ Copy of a police report showing the deceased owner's registered license plate or motor vehicle was stolen after the owner's death but on or before the date of the alleged violation

☐ At the time of the violation described in the NOV, my vehicle was in the care, custody, or control of another person. That person's name, address, phone number, date of birth, and driver's license number (if known) are:

Name: _____ Phone Number: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's license number: _____ Driver's license state: _____

3. The foregoing statements are true and correct.

Name of Registered Owner: _____ Signature of Registered Owner: _____ Date: _____

Phone Number of Registered Owner: _____ Email of Registered Owner: _____

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VERIFICATION OF NOTARY OR PERSON AUTHORIZED TO ADMINISTER OATHS

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on _____, 20 ____ by _____, who is _____

personally known to me or _____ provided identification, and who did take an oath.

Notary Public, State of Florida

Printed name: _____

My commission expires: _____

Mail this form in its entirety to:

**Transfer of Liability
Florida School Bus Infraction Detection Enforcement
P.O. Box 9002
Bloomfield, CT 06002**