



Hillsborough County, Florida

Red Light Camera Enforcement Program

AFFIDAVIT OF NON-RESPONSIBILITY

AN AFFIDAVIT OF NON-RESPONSIBILITY may not be used by employers/principals to transfer responsibility to their employees/agents. A vehicle registered to an employer/principal that is driven by an employee/agent remains in the "care, custody, and control" of the employer/principal and thus, the employer/principal is responsible for payment of the infraction penalty. Like a parking infraction, an employee/agent may take responsibility for a traffic camera infraction by submitting payment directly to the Court or by requesting a hearing in his or her name. Infractions generated by traffic cameras will not appear on any Department of Licensing driver record.

Notice of Violation Number: _____

Vehicle License Plate Number: _____ **State:** _____

In the space above, you must accurately write the 13-digit Notice Number that appears in the box in the upper right of the front of the Notice of Violation. Also please provide the license plate number and state for the vehicle involved in the violation. Please write clearly and make sure you record the information accurately. If the Notice of Violation Number is unclear or incorrect, the Hearing Officer will not be able to match your affidavit to your infraction, and the Notice of Violation will proceed to a collection agency if not paid.

I received the Hillsborough County Red Light Notice of Violation number listed above. At the time of the infraction indicated on the Notice:

- Driven by someone who is now deceased** *(include a copy of the death certificate).*
- Vehicle had been sold** *(include a copy of the seller's report and complete new Owner's name and address below).*
- Vehicle had been stolen** *(include a copy of the police report).*
- Operator of vehicle received a citation for this Red Light Violation from a law enforcement officer** *(include copy of the officer-issued citation).*

Under penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

Name: _____

Driver's License No. _____

Address: _____

Street
City
State
Zip Code

Your signature _____ **Date** _____

Print your name _____ Your telephone number _____ Your email address _____

Your street address _____ City _____ State _____ Zip Code (Required) _____

Your affidavit and supporting documentation will be reviewed. You will be notified in writing of any action taken. Keep in mind that providing an affidavit will NOT automatically result in the closure of this matter. If further information is required, you will be notified by the Citizens Support Board. Any false representation may subject you to criminal penalties.

This affidavit must be notarized and mailed to:

**Hillsborough County, Florida
 Red Light Camera Enforcement Program
 Violation Processing Center
 PO Box 59995
 Phoenix, AZ 85076-9995**

SUBSCRIBED AND SWORN to before me on this _____ day of _____, 20_____ by _____
 who [] is personally known to me, or [] produced a current _____ (State) drivers license as identification.

 Notary Public