

Underage Buyer Form

2006-2007

ENFORCEMENT COMPLIANCE CHECKS INITIATIVE

Carefully read each item below. Your signature at the end of this Form signifies your understanding of this information and your willingness to abide by all terms herein. The signature of your parent or legal guardian signifies that they have read this Form. A separate permission form for you to **be trained** and to participate in the Enforcement Initiative (Initiative) is to be signed by your parent or legal guardian and submitted with this Form.

1. I understand that the purpose of this Initiative is to monitor vendors to prohibit the sale or distribution of tobacco products to persons under the age of 18 and will include the issuance of citations to offenders by a law enforcement official.
2. I understand that I will receive Department of Health approved training to participate in the Initiative.
3. I agree to meet with the designated adults at specified locations and times for this Initiative.
4. I understand and agree that I am not to pursue or participate in any activity relating to tobacco age of sale law violations, unless I am under the direct supervision of an adult designated with supervisory responsibilities for this Initiative.
5. I recognize that the laws of the Commonwealth of Pennsylvania make the sale of tobacco products to persons under the age of 18 a crime and that I will not be committing an illegal act by purchasing or attempting to purchase tobacco products while participating in this Initiative.
6. I agree not to violate any laws or commit any crimes while participating in this Initiative.
7. I agree to give my age truthfully.
8. I will relinquish all tobacco products and money from completed purchases - or purchase money from incomplete purchases - to the designated adult supervising this Initiative.
9. I understand that I may be asked to testify, if necessary, in any hearings related to the purchase of tobacco products.
10. I understand that willful misconduct or violations in the above conditions will result in my removal from this Initiative
11. I understand that my participation in this Initiative begins with my signature on this Form and is terminated at the time this Initiative is completed.

We, the undersigned, have reviewed the above Underage Buyer Form and agree to abide by all terms. We further state that the information regarding name and date of birth, given below, is correct.

Printed Name of Youth Participant

Date of **Birth**

Signature of Youth Participant*

Date Signed

Street Address:

Printed Name of Parent/Guardian

City, State, Zip:

Signature of Parent/Guardian*

Date Signed

Daytime phone #: _____ Evening phone #: _____

Best time to call: _____

THIS SECTION IS TO BE COMPLETED BY THE ENFORCEMENT AGENT:

Printed Name of Enforcement Agent

AND

Name of Municipality/WCHP

Signature of Enforcement Agent*

Date Signed

This Section to be completed by WCHP

Training Date: ____ - ____ - ____

Date Faxed to DOH: ____ - ____ - ____

***All faxed signatures deemed as originals.**