Underage Purchaser Consent Form
FY 2027

Underage Purchaser's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Date of Birth:** _____

Social Security Number: _____ **Gender:** _____

Underage Purchaser's Driver License or Identification Card No.: _____

- I understand my participation is voluntary and I will be under the supervision of a law enforcement officer at all times.
- I understand it is essential to maintain the confidential nature of the program, therefore ensuring the effectiveness, accuracy and validity of the outcome.
- I understand my participation in the project can be terminated at any time by myself, a parent/guardian (if under age 18), or the law enforcement agency.
- I understand compliance checks may result in the purchase of tobacco, alternative nicotine and vapor products. I understand tobacco, alternative nicotine and vapor products will be treated as evidence and maintained by the law enforcement agency.
- I understand that I may be required to enter bars.
- I understand retailers in violation of minimum-age tobacco, alternative nicotine and vapor product laws may receive citations that result in monetary fines, suspension or revocation of their license; and, that I may be asked to participate in the adjudication process.
- I understand the success of the project is not dependent upon making successful, illegal purchases.

My signature on this document verifies my willingness to participate in the project, and to follow the rules and procedures outlined in the training.

Underage Purchaser Signature _____ **Date** _____

I have read the Program Procedures and Underage Purchaser Guidelines, and give my permission for my child to participate in this project.

Parent/Guardian Signature _____ **Date** _____

Program Coordinator _____ **Date** _____

Note: Parent/Guardian signature is not required if the Underage Purchaser is over the age of 18.