

CITY OF FORT PIERCE
Affidavit Regarding the Use Coercion for Labor or Services

Vendor Name: EXCELSIOR DEFENSE INC.
Authorized Representative's Name and Title: KRIS HALVerson, PRESIDENT
Address: 2660 5TH AVE. N.
City: ST. PETE State: FL. Zip Code: 33713
Phone Number: 727-527-9600 Email Address: Khalverson@excelsiordefense.com

Section 787.06(13), Florida Statutes, requires all nongovernmental entities executing, renewing, or extending a contract with a governmental entity to provide an affidavit signed by an officer or representative of the nongovernmental entity under penalty of perjury that the nongovernmental entity does not use coercion for labor or services as defined in that statute. As the person authorized to sign on behalf of Vendor, I certify that the company identified does not:

1. Use or threaten to use physical force against any person;
2. Restrain, isolate, or confine or threaten to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Use lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or services are not respectively limited and defined;
4. Destroy, conceal, remove, confiscate, withhold, or possess any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Cause or threaten to cause financial harm to any person;
6. Entice or lure any person by fraud or deceit; or
7. Provide a controlled substance as outlined in Schedule I or Schedule II of section 893.03, Florida Statutes, to any person for the purpose of exploitation of that person.

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

By: Kris Halverson Kris Halverson, Pres. 2/3/25
Authorized Signature Printed Name and Title Date

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn (or affirmed) and subscribed before me by means of physical presence or online notarization this 2nd day of February, 2025 by Kris Halverson, who is personally known or produced identification (ID produced: _____).

Notary Public Signature: Beth M Malcomb (Seal)

Print Name: Beth M Malcomb My Commission Expires: 2/16/26

