

FLORIDA ASSOCIATION OF RECOVERY RESIDENCES

# This Certifies That

\_\_\_\_\_

*has undergone an inspection process and is determined to have met our standard  
as a Level \_\_\_\_\_ Recovery Residence.*

*This is an annual survey and will expire one year from date of certification.*

*Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2016*



*John Lehman*

John Lehman  
President, FARR

*Whitney Lehman*

Whitney Lehman  
Certification Administrator, FARR