

# 911 PUBLIC SAFETY TELECOMMUNICATOR RE-EXAM APPLICATION

DO NOT SEND EXAM FEES WITH THIS APPLICATION.

## A. Applicant Information

Attempt #Date/	Location of La	cation of Last Exam				
Last Name	First Name		Middle In		Date of Birth	
Mailing Address		City		State	Zip Code	
Phone Number	Email Address -	*All correspondence wi	ill be sent to the	email addi	ress provided.	
B. Employment Status		C. Testing Qualifications				
I am not currently employed as a PST		Training Program Completion				
I am currently employed as a PST by		PST Exemption				
		Firefighte	er Exemptio	on		

### Part V: Additional Information / Applicant Signature

\_\_\_\_\_am the person referred to in this application. All statements

contained herein and in any attachments hereto are true, correct and complete.

### Applicant Signature:\_\_\_\_\_

Date:

#### **Contact Information**

Mail applications to: Florida DOH / 911 PST Program 4052 Bald Cypress Way, Bin A-22 Tallahassee, FL 32399

Phone: 850.245.4440 Email: EMS.Operations@flhealth.gov Website: www.floridahealth.gov