

911 Public Safety Telecommunicator Exam Application for Sworn State-Certified Law Enforcement Officers

For use by those currently employed as a sworn state-certified law enforcement officer testing under **§401.465(2)(j)**, Florida Statutes. All sections are required to be completed. Omissions will delay processing.

Part I: Applicant Information						
☐ Initial Test	Retest: Attempt #	Retest: Attempt #: Date of Last Test:				
	Training program co	ompletion date	(must be completed at	fter date of last attempt)		
Last Name	First Nan	ne	Middle Initial	Date of Birth		
Mailing Address		City	State	Zip Code		
Phone Number	Email Addres *All correspon	ss - ndence, to include exam sco	ores, will be sent to the em	ail address provided.		
Part II: Chief Exc	ecutive Statement for Lav	w Enforcement Exem	nption			
App	olicant's Name	is employed as a swo	orn state-certified law	v enforcement		
officer at	Employing Agency's Name	and ha	as been selected by	his/her chief		
executive	Chief Executive's Name	to per	form as a 911 public	safety		
telecommunicator	on an occasional or limited	d basis.				
Chief Executive	Signature:		Date:			
Part III: Applicar	nt Signature					
	and in any attachments her	n the person referred reto are true, correct a		All statements		
Applicant Signat	ure:		Date:			
Mail completed appl Florida Department of Bureau of Emergence 911 PST Program 4052 Bald Cypress V Tallahassee, FL 323	of Health cy Medical Operations Vay, Bin A-22	Phone: Fax: Website: E-mail:	(850) 245-4440 (850) 245-4378 www.floridahealth EMS.Operations@			

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THIS PAGE IS CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE AND MUST BE SUBMITTED WITH YOUR APPLICATION

Florida Department of Health 911 Public Safety Telecommunicator Application

Name:					
	Last	First	Middle		
Social Sec	curity Number:_				

*This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666(a)(13).