



911 PUBLIC SAFETY TELECOMMUNICATOR RE-EXAM APPLICATION

DO NOT SEND EXAM FEES WITH THIS APPLICATION.

A. Applicant Information

Attempt # _____ Date/Location of Last Exam _____

Last Name First Name Middle Initial Date of Birth

Mailing Address City State Zip Code

Phone Number Email Address - *All correspondence will be sent to the email address provided.

B. Employment Status

- I am not currently employed as a PST
- I am currently employed as a PST by _____

C. Testing Qualifications

- Training Program Completion
- PST Exemption
- Firefighter Exemption

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