

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 Zip Code Phone Number Email Address - *All correspondence will be sent to the email address provided. C. Testing Qualifications **B. Employment Status** I am not currently employed as a PST Training Program Completion I am currently employed as a PST by 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

Tallahassee, FL 32399

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

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

Phone: 850.245.4440

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