



## 911 Public Safety Telecommunicator Initial/Original Certificate Application

**This form is incorporated by reference in rule 64J-3.001**

**TYPE OR PRINT CLEARLY.** All sections of this application are required to be completed unless otherwise noted. Omissions will delay processing. **PLEASE RETURN COMPLETED APPLICATION ALONG WITH YOUR NONREFUNDABLE \$50 FEE.**

### A. APPLICANT INFORMATION

\_\_\_\_\_  
Last Name First Name M.I. Date of Birth

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Phone Number Email Address

### B. PERSONAL INFORMATION (Optional)

Gender: ☐ Female ☐ Male

Ethnicity: ☐ Other ☐ Asian/Pacific Islander ☐ Native American ☐ Hispanic ☐ Black ☐ White

### C. EMPLOYMENT STATUS

☐ I am NOT currently employed as a 911 PST.

☐ I am currently employed as a 911 PST by:

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

☐ I request information about the status of my application be reported only to me

☐ I authorize my employer to inquire and receive information as to the status of my application.

## D. EXAM QUALIFICATIONS

Choose one of the following options:

- ☐ I have completed a department approved 911 PST training program as defined in Section 401.465(1)(c), Florida Statutes. **I have attached a copy of the certificate of completion received from the training program.**

Training Program Attended: \_\_\_\_\_

Completion Date: \_\_\_\_\_

- ☐ I was employed as a 911 public safety telecommunicator [as defined in Section 401.465(1)(a)] Florida Statutes) or a state-certified firefighter, prior to April 1, 2012.

Full legal name of employing agency: \_\_\_\_\_

\_\_\_\_\_  
Employer Representative Full Name and Title

\_\_\_\_\_  
Mailing Address City State Zip

Employer Representative has been authorized by Employer to make the following statement:

\_\_\_\_\_ was employed prior to April 1, 2012, in the following position:

- ☐ 911 public safety telecommunicator ☐ State certified firefighter

**Employer Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant's Name During Employment (if different): \_\_\_\_\_

## E. PUBLIC RECORDS EXEMPTION

**Exemption from public records: Your responses in filling out this form are a public record.** That means that anyone can request a copy of your filled out form. However we will not supply your home address, telephone numbers, social security number, date of birth, or photograph if you meet an exemption set forth in Section 119.071, Florida Statutes. If you have questions about this, please review Section 119.071, Florida Statutes, and in particular, subsection 4 [§119.071(4), F.S.]. Additional information, including the [Government-in-the-Sunshine Manual](http://myfloridalegal.com) can be found at <http://myfloridalegal.com>.

- ☐ **I am an active or former, sworn or civilian member of law enforcement** [§119.071(4)(d)2.a.(I), F.S.]
- ☐ **I am a firefighter certified in compliance with § 633.35** [§119.071(4)(d)2.a.(III)b., F.S.]
- ☐ **I qualify under another exemption from the Public Records laws. Identify the exemption and your basis for qualification for the exemption:**

## F. OATH

I, \_\_\_\_\_ am the person referred to in this application. All statements contained herein and in any attachments hereto are true, correct and complete; I am free from addiction to alcohol and I am free from any controlled substance; and, I am free from any physical or mental defect or disease that might impair my ability to perform my duties consistent with the certification applied for.

### PERFORM ONE OF THE FOLLOWING:

(1) Under penalties of perjury, I declare that I have read the foregoing **STATEMENT** and the facts stated in it are true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR** [REQUIRES ADMINISTRATION OF AN OATH UPON YOU BY A PERSON AUTHORIZED TO ADMINISTER OATHS SUCH AS A NOTARY PUBLIC].

(2) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
Signature of Notary Public - State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced \_\_\_\_\_

### Contact Information:

#### Mailing address for application and fees:

Florida Department of Health  
Bureau of EMS/911 PST Program  
4052 Bald Cypress Way Bin A-22  
Tallahassee, FL 32399-1722

#### Bureau of EMS/ 911 Public Safety Telecommunicator Program:

Phone: (850) 245-4440  
Fax: (850) 921-0377  
Website: [www.flhealth.gov](http://www.flhealth.gov)  
E-mail: [EMS\\_Operations@flhealth.gov](mailto:EMS_Operations@flhealth.gov)

Please make certified check, money order, or agency check payable to the **Florida Department of Health**

**No personal checks will be accepted.**

## DEFINITIONS

**"911 public safety telecommunicator "** means a public safety dispatcher or 911 operator whose duties and responsibilities include:

1. The answering, receiving, transferring, and dispatching functions related to 911 calls;
2. Dispatching law enforcement officers, fire rescue services, emergency medical services, and other public safety services to the scene of an emergency;
3. Providing real-time information from federal, state, and local crime databases; or
4. Supervising or serving as the command officer to a person or persons having such duties and responsibilities.

However, the term does not include administrative support personnel, including, but not limited to, those whose primary duties and responsibilities are in accounting, purchasing, legal, and personnel.

**"Employment"** means engaged in the service of another for salary or wages subject to withholding, FICA or other lawful deductions.

**"Full Time"** means a position that exclusively performs the duties and responsibilities of a 911 public safety telecommunicator and occupies an entire Full Time Equivalency (FTE) position for the employer.

**"Supervised"** means overseen during the execution of duties as a 911 emergency dispatcher.

**"Supervising or Serving as the Command Officer"** means engaging in direct or secondary, but not tertiary, supervision of one or more 911 emergency dispatchers in their performance of actions 1-3 as listed in the definition of 911 emergency dispatcher.

**"Providing real-time information"** means doing so as part of a 24/7/365 program to law enforcement officers while dispatched to or on the scene of an incident.



**DO NOT COMPLETE AND SEND**

**~~\*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 Security 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).~~