



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
E-mail: 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 12 USCS § 666(a)(13).~~