Florida Public Safety Institute
FDOT Sub-Grant Funded
Advanced & Specialized
Training Authorization Form

COURSE INFORMATION

Course Title & Location: _____

Course Start Date: _____/_____/_____ **Course End Date:** _____/_____/_____

ATTENDEE

Full Name (PRINT): _____ **Last 4 digits SSN #**

Rank/Position: _____

Attendee Email Address: _____

Job Type: ☐ *FULL TIME* ☐ *CIVILIAN** ☐ *CORRECTIONS* *Due to grant restrictions, Sworn Corrections are not eligible*

Officer Type: ☐ Law Enforcement ☐ Agency Support/Non-Sworn* * (will require justification for FDOT Grant courses)

AGENCY INFORMATION

Agency Name (*NO INITIALS PLEASE*): _____

Agency Training Contact Name: _____ **Phone: (_____)** _____

Agency Training Contact EMAIL: _____

Agency Mailing Address: _____

City: _____, **FL** **Zip:** _____

Agency Phone Number: (_____) _____

Your SSN may be used to verify your status as a Florida law enforcement officer. Failure to give a valid SSN may interfere with the issuance of a certificate or a claim for salary incentive or mandatory retraining with FDLE. In compliance with Fl. Statute 119.071, this document serves to notify you of the purpose for the collection and use of your Social Security Number (SSN). Tallahassee State College (TSC) collects and uses your SSN only in performance of the college's duties and responsibilities. To protect your identity TSC will secure your SSN from unauthorized access and never release your SSN to unauthorized parties.

I confirm that I am employed by a Florida law enforcement agency as a sworn officer OR a civilian employee whose duties include investigating, or assisting with the investigation of traffic crashes, or that I am employed by a Florida State Attorney's Office as an Assistant State Attorney.

Student's Signature: Date Signed:

REQUIRED AGENCY AUTHORIZATION

The below agency representative is authorized to register and select the type of training credit to be applied for this course pursuant to Rule 11B-35.006 F.A.C.

Course Credit: **Salary Incentive** ☐ **Mandatory Retraining** ☐

Agency Authorized Representative **Print Name**_____

Agency Authorized Representative **Signature** _____

SEND VIA EMAIL

To: traffsafe@tsc.fl.edu

Florida Public Safety Institute
FDOT Sub-Grant Training Courses
75 College Drive | Havana, Florida 32333
(850) 201-7739