Print Form

Police Applicant Screening Services
Phone: 727-864-3822 Allstate Center, Suite 135 Office Hours: 8:00-4:30
Fax: 727-864-3342 3200 - 34th Street South Monday through Friday
St. Petersburg, FL 33711-3829
www.policestandards.org

Florida Officer Reactivation-Evaluation Application Instuctions

Please read the accompanying instructions before you complete this application. You must also attach FDLE Form CJSTC 58 "Authority For Release of Information" and a money order payable to Pinellas Standards Council for the Fee.

(1) Personal information of the person who is applying:

Social Security Number: _____ Last Name: _____ Suffix _____

First Name: _____ Middle Name: _____ Race _____

Date of Birth: College (check off if completed):

_____ _____ _____ _____ ☐ -AS/AA ☐ -BS/BA ☐ -MS/MA ☐ -PhD

Gender Month Day Year

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-mail Address: _____

(2) Please check one. I am seeking Equivalency of Training status as a: (CHOOSE 1 ONLY)

☐ Law Enforcement Officer ☐ Correctional Officer

(3) My qualifying full-time employment as a law enforcement or correctional officer, which ended no more than 8-years prior to this application, can be verified at the following agency in Florida:

Full Agency Name: _____

Agency Address: _____ City: _____

State: _____ Zip: _____ Business Phone: _____

I was employed from

_____ _____ _____ **to:** _____ _____ _____ **as** Position: _____

Month Day Year Month Day Year

(4) APPLICANT"S SIGNATURE and ACKNOWLEDGEMENTS

I, the undersigned, hereby swear to affirm the following:

(1) All the information I have provided in this application is true and correct. I understand that any omission or falsification of a material fact will result in rejection of this application, and may prevent my future certification or employment as a law enforcement or correctional officer in Florida.

(2) I understand that I must acknowledge receipt of the CJSTC-76 form in writing within 14 days of receiving it or it will be cancelled and may not be re-issued without an additional fee. I further understand that I will have one year from the date of that acknowledged receipt to complete the training and pass the State Officer Certification Examination (SOCE).

_____
(Signature of Applicant)

AFFIDAVIT

State of_____ County of_____

Before me personally appeared_____who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this_____day of_____,200___. My commision expires on _____, 20____.

_____
Notary Public

Personally Known _____-OR- Produced the following identification:_____