

Police Applicant Screening Services
Phone: 727-864-3822 Allstate Center, Suite 135 Office Hours: 7:30 to 3:30
Fax: 727-864-3342 3200 - 34th Street South Monday through Friday
St. Petersburg, FL 33711-3829
www.policestandards.org

Florida Officer Reactivation-Evaluation Application Instructions

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: _____

First Name: _____ Middle Name: _____
Suffix _____

Last Name: _____ Date of Birth: _____ College (check off if completed):

Gender _____ Month _____ Day _____ Year _____ -AS/AA -BS/BA -MS/MA -PhD _____
Race _____

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:

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: _____ Phone Number _____

I was employed from _____ E-mail Address: _____

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)

State of _____ AFFIDAVIT
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 _____, 201____. My commission expires on _____, 201____.

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