

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: _____
Last Name: _____
Date of Birth: _____ College (check off if completed):
_____ -AS/AA -BS/BA -MS/MA -PhD _____
Gender _____ Month _____ Day _____ Year _____ 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 _____ County of _____
Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Online Notarization
this _____ day of _____, year _____, By _____
Print, Type or Stamp Commissioned name of Notary Public _____
Personal Known or Produced Identification Type of Identification Produced _____

(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 _____ County of _____
Sworn to (or affirmed) and subscribed before me by means of Physical Presence or Online Notarization
this _____ day of _____, year _____, By _____
Print, Type or Stamp Commissioned name of Notary Public _____
Personal Known or Produced Identification Type of Identification Produced _____