

Police Applicant Screening Service (PASS)

Phone: 727-864-3822
Fax: 727-864-3342

SPC Allstate Center, Suite 135
3200-34th Street South
St. Petersburg, FL 33711
www.policestandards.org

Office Hours: 7:30 to 3:30
Monday Through Friday

Florida Officer Reactivation – Evaluation Application and Instructions

If you were previously certified AND employed as a law enforcement or correctional officer in the State of Florida AND; you separated from your last full-time employment as an officer at an agency in Florida less than eight years ago, you may be able to reactivate your certification without having to attend a full basic recruit academy. There are three parts to this process: (1) Complete an Evaluation that establishes eligibility; (2) Attend a Proficiency Demonstration training course in high-liability physical skills (such as defensive tactics and firearms) at a CJSTC approved training center; and (3) pass the Florida State Officer Certification Examination (SOCE). You must complete all three parts within eight years of the separation date from your last employment as an officer in Florida. If you exceed this eight-year limit, you must attend a full Basic Recruit Training Academy in order to become certified in Florida again. Each step must be completed before going on to the next.

- 📅 To expedite the Reactivation process, we recommend applicants call ahead to schedule an appointment date/time to reduce possible waiting time.
- 📞 Please contact by phone at Ext. 1 or email weir.robbyn@spcollege.edu with Robyn Weir to confirm an appointment, if you are dropping off forms in person.

Step 1 Evaluation. This is the only part of the process handled by the Police Applicant Screening Service (PASS). In order for us to evaluate your eligibility you must submit the attached application with reliable information, execute a waiver authorizing us to make any needed inquiries, and pay a non-refundable fee of \$50.00. We will then verify your eligibility. If you qualify, you will receive a Criminal Justice Standards and Training Commission (CJSTC) Form 76 that will allow you to proceed to the next step.

- Incomplete, inaccurate or illegible applications will be rejected.
- Submit your application at least 4 weeks in advance of any Proficiency Demonstration training course you want to attend. (You cannot enter the training course until a CJSTC-76 is actually issued.)
- Both the application and the “Authority For Release of Information” (CJSTC Form 58) must be notarized.
- Mail or bring the complete application to our office accompanied by a money order for the non-refundable \$50.00 fee made payable to **Pinellas Police Standards Council**.
- Enclose a copy of a picture ID, preferably a driver’s license.
- Enclose a copy of your social security card.

- If you have had a name change (your name is now different from your training or employment records), then you must enclose a copy of the court order or marriage certificate that changed your name. Please note that on application when submitting

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your application.

Step 2 (Training) and Step 3 (Examination) – What You Will Need To Do Next: If your Evaluation is approved, you will receive a CJSTC-76 form authorizing you to continue in the process. You must acknowledge receipt of this form within 14 days in order for your exemption from the full basic recruit academy to be activated in the statewide Automated Training Management System (ATMS). If you fail to acknowledge receipt of the form within 14 days, your file will be closed without activation of your exemption. The file will not be re-opened without an additional fee. You will then have 1 year, measured from the receipt/activation of your CJSTC-76 form to complete the required Proficiency Demonstration training course and pass the State Officer Certification Examination (SOCE). As the SOCE is based on full current Florida CMS basic recruit training curriculum, we recommend that you attend a course that includes examination preparation or review. The Police Applicant Screening Service does not conduct training or administer the SOCE. To learn more about the Proficiency Demonstration and the SOCE you must contact a certified training center such as:

**Southeastern Public Safety Institute
(SEPSI)**

**St. Petersburg College Allstate Center
3200-34th Street South
Petersburg FL 33711
Telephone: 727-341-4597
Web: www.spc.edu/ac/sepsi/**

Or

**Visit the Florida Department of Law
Enforcement (FDLE) web site to St.
view a complete list of certified
training centers:
<http://www.fdle.state.fl.us/>**

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: _____ Suffix _____

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: _____
Month _____ Day _____ Year _____ as Position: _____

(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 _____

POLICE APPLICANT SCREENING SERVICE

www.policestandards.org

St. Petersburg College Allstate Center, Suite 135
3200-34th Street South
St. Petersburg, FL 33711

Phone: 727-864-3822
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Ensuring exceptional public safety candidates for Pinellas County's future

PAYMENT FORM EOT APPLICATION

Instructions

- Turn completed form into the PASS Office
 - Location: 3200 34th Street South St. Petersburg, FL 33711
 - Telephone: 727-864-3822
 - Receiving Hours: Mon-Fri 7:30 A.M to 3:00 P.M.
- *Attach a copy of the receipt of payment to your EOT application*

Name: _____

Date: _____(mm/dd/yyyy)

Last Four Digits

Of SSN: _____

Payment Type: _____ EOT Application – In State (\$50.00)
_____ EOT Application – Out of State (\$300.00)

I, _____, understand the following:

- The EOT Application fee **must** be paid at the time of EOT verification request submission.
- Payment must be made by money order
- All fees are **non-refundable and non-transferable**

Candidate Signature _____



Florida Department of
Law Enforcement

**AUTHORITY FOR RELEASE
OF INFORMATION
(Background Investigation Waiver)**

Incorporated by Reference in Rule 11B-27.0022, F.A.C.



**CJSTC
58**

To: **Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records** **APPLICANT'S NAME:** _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Police Applicant Screening Service

ADDRESS: 3200 34th Street South, Suite 135, St. Petersburg, FL 33711

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

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Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature

Date

Applicant's Address

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

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 _____

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 _____