| Protect and Serve Etablished 2009 | ATUTE | FDOT Sub-C Advanced & | Safety Institute Grant Funded & Specialized Authorization Form | |
|---|--|------------------------------------|---|--|
| COURSE INFORM | IATION | | | |
| Course Title: | | | | |
| Course Start Date | :/ | _/ Course End Dat | e:////// | |
| ATTENDEE | | | | |
| Full Name (PRINT): | | Full | Full SSN # (Required): | |
| Rank/Position: | | | | |
| Student Email Ad | dress: | | | |
| Job Type: | FULL TIME | CIVILIAN | | |
| Officer Type: | aw Enforcement | Agency Support/Non-Sworn* | * (will require justification for FDOT Grant courses) | |
| AGENCY INFORM | ATION | | | |
| Agency Name (NO | INITIALS PLEASE): | | | |
| Training Contact Name: | | | Phone: () | |
| 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 | e: | | Date Signed: | |
| REQUIRED AGEN | CY AUTHORIZATION | | | |
| The below agency repursuant to Rule 11 | • | ed to register and select the type | of training credit to be applied for this course | |
| Course Credit: | Salary Incentive | Manda | tory Retraining | |
| Agency Authorized | Representative Print Nar | ne | | |
| Agency Authorized Representative Signature | | | | |
| SEND VIA EMAIL | | | | |
| | To: traffsafe@tcc.fl.edu Florida Public Safety Institute | | | |
| | | | 2 | |

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