



# Florida Public Safety Institute

## FDOT Sub-Grant Funded

### Advanced & Specialized

### Training Authorization Form



#### COURSE INFORMATION

Course Title & Location: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Course End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### ATTENDEE

Full Name (PRINT): \_\_\_\_\_ Full SSN # (Required): \_\_\_\_\_

Rank/Position: \_\_\_\_\_

**Student Email Address:** \_\_\_\_\_

Job Type: FULL TIME CIVILIAN

Officer Type: Law Enforcement Agency Support/Non-Sworn\* \* (will require justification for FDOT Grant courses)

#### AGENCY INFORMATION

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: \_\_\_\_\_

Date Signed: \_\_\_\_\_

#### REQUIRED AGENCY AUTHORIZATION

The below agency representative is authorized to register and select the type of training credit to be applied for this course pursuant to Rule 11B-35.006(3) F.A.C.

Course Credit: Salary Incentive

Mandatory Retraining

Agency Authorized Representative Print Name \_\_\_\_\_

Agency Authorized Representative Signature \_\_\_\_\_

**SEND VIA EMAIL**

To: [traffsafe@tsc.fl.edu](mailto:traffsafe@tsc.fl.edu)

Florida Public Safety Institute  
FDOT Sub-Grant Training Courses  
75 College Drive | Havana, Florida 32333  
(850) 201-7739  
Fax Number: (850) 201-7013

Rev. 4/2024