

# APPLICATION FOR STATE OFFICER CERTIFICATION EXAMINATION

DO NOT TEAR, BEND OR FOLD APPLICATION.



LAST NAME											
A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

JR

SR

II

III

IV

FIRST NAME										MI	
A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

**EXAMPLE ONLY**  
**DO NOT USE**

SOCIAL SECURITY NO.									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

**DISCIPLINE FOR WHICH CERTIFICATION IS SOUGHT**

CORRECTIONAL

CORRECTIONAL PROBATION

LAW ENFORCEMENT

**EXAMINATION TYPE**

TRADITIONAL

CMS APPLICATION BASED

**EXAMINATION**

FIRST EXAMINATION

SECOND EXAMINATION OR FIRST RETAKE

THIRD EXAMINATION OR SECOND RETAKE

**REQUESTED ADMINISTRATION**

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

**2nd MONTH ADMINISTRATION**

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

**CJSTC TRAINING SCHOOL ATTENDED**

BREVARD COMMUNITY COLLEGE CRIMINAL JUSTICE DIVISION

BROWARD COMMUNITY COLLEGE INSTITUTE OF PUBLIC SAFETY

BROWARD COUNTY SHERIFF'S OFFICE INSTITUTE FOR CRIMINAL JUSTICE STUDIES

CENTRAL FLORIDA COMMUNITY COLLEGE CRIMINAL JUSTICE INSTITUTE

CHIPOLA JUNIOR COLLEGE CRIMINAL JUSTICE TRAINING CENTER

CRIMINAL JUSTICE ACADEMY OF OSCEOLA

CRIMINAL JUSTICE INSTITUTE AT VALENCIA COMMUNITY COLLEGE

DAYTONA BEACH COMMUNITY COLLEGE CRIMINAL JUSTICE TRAINING SCHOOL

FLORIDA DEPARTMENT OF CORRECTIONS FLORIDA CORRECTIONS ACADEMY

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION PUBLIC EDUCATION & TRAINING CENTER

FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

FLORIDA HIGHWAY PATROL TRAINING ACADEMY

FLORIDA KEYS COMMUNITY COLLEGE INSTITUTE OF CRIMINAL JUSTICE

GEORGE STONE AREA VO-TECH CENTER CRIMINAL JUSTICE TRAINING CENTER

GULF COAST COMMUNITY COLLEGE CRIMINAL JUSTICE TRAINING ACADEMY

HILLSBOROUGH COMMUNITY COLLEGE CRIMINAL JUSTICE INSTITUTE

INDIAN RIVER COMMUNITY COLLEGE CRIMINAL JUSTICE INSTITUTE

LAKE CITY COMMUNITY COLLEGE CRIMINAL JUSTICE DIVISION

LAKE TECHNICAL CENTER INSTITUTE OF PUBLIC SAFETY

LEE COUNTY VOCATIONAL SOUTHWEST FLORIDA CRIMINAL JUSTICE ACADEMY

MANATEE TECHNICAL INSTITUTE CRIMINAL JUSTICE ACADEMY

MIAMI-DADE COLLEGE SCHOOL OF JUSTICE

MIAMI-DADE POLICE DEPARTMENT METROPOLITAN POLICE INSTITUTE

MIAMI POLICE TRAINING CENTER

NORTHEAST FLORIDA CRIMINAL JUSTICE TRAINING & EDUCATION CENTER

NORTH FLORIDA COMMUNITY COLLEGE CRIMINAL JUSTICE ACADEMY

OKALOOSA-WALTON COMMUNITY COLLEGE CRIMINAL JUSTICE TRAINING CENTER

PALM BEACH COMMUNITY COLLEGE CRIMINAL JUSTICE TRAINING CENTER

PASCO-HERNANDO COMMUNITY COLLEGE

POLK COMMUNITY COLLEGE CRIMINAL JUSTICE DIVISION

SANTA FE COMMUNITY COLLEGE INSTITUTE OF PUBLIC SAFETY

SARASOTA COUNTY TECHNICAL INSTITUTE CRIMINAL JUSTICE ACADEMY

SEMINOLE COMMUNITY COLLEGE CRIMINAL JUSTICE INSTITUTE

SOUTH FLORIDA COMMUNITY COLLEGE CRIMINAL JUSTICE ACADEMY

ST. JOHNS RIVER COMMUNITY COLLEGE CRIMINAL JUSTICE TRAINING PROGRAM

ST. PETERSBURG JUNIOR COLLEGE SOUTHEASTERN PUBLIC SAFETY INSTITUTE

TALLAHASSEE COMMUNITY COLLEGE PAT THOMAS LAW ENFORCEMENT ACADEMY

WASHINGTON-HOLMES TECHNICAL CENTER CRIMINAL JUSTICE PROGRAM

WITHLACOOCHEE TECHNICAL INSTITUTE CRIMINAL JUSTICE TRAINING ACADEMY

OTHER \_\_\_\_\_

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**CJSTC TRAINING SCHOOL GRADUATION DATE**

MONTH	DAY	YEAR
<input type="checkbox"/> JAN	00	19 00
<input type="checkbox"/> FEB	01	20 01
<input type="checkbox"/> MAR	02	21 02
<input type="checkbox"/> APR	03	22 03
<input type="checkbox"/> MAY	04	23 04
<input type="checkbox"/> JUN	05	24 05
<input type="checkbox"/> JUL	06	25 06
<input type="checkbox"/> AUG	07	26 07
<input type="checkbox"/> SEP	08	27 08
<input type="checkbox"/> OCT	09	28 09
<input type="checkbox"/> NOV		
<input type="checkbox"/> DEC		

MAILING ADDRESS

Grid for mailing address with letters A-Z and numbers 0-9.

EXAMPLE ONLY
DO NOT USE

DAYTIME PHONE #

Grid for daytime phone number with area code, plus sign, and digits 0-9.

DATE OF BIRTH

Form for date of birth with fields for month, day, and year, and a list of months.

LEVEL OF EDUCATION

Form for level of education with checkboxes for High School Graduate (GED), AA/AS Degree, BA/BS Degree, MA/MS Degree, and PH Degree.

CITY STATE ZIP CODE

Grid for city, state, and zip code with letters A-Z and numbers 0-9.

OFFICE USE ONLY

Form for office use only with fields for date received (DATE RECEIVED) and month, day, year.

RACE

Form for race with checkboxes for Am. Indian/Native Alaskan, Asian, Black, Hispanic, White, and Other.

SEX

Form for sex with checkboxes for Male and Female.

RELEASE AND CERTIFICATION- THIS SECTION MUST BE SIGNED IN ORDER TO MAKE YOUR APPLICATION VALID

I hereby authorize any individual, company, or institution with whom I have been associated to furnish the Florida Department of Law Enforcement, Criminal Justice Professionalism Program, with any information which they have on record or otherwise concerning my qualifications for professional certification as an officer in Florida, and do hereby release the individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

All information furnished by me on this application and on all attachments is true and correct to the best of my knowledge and belief, and I have read, understand, and agree to comply with the statutes and rules applicable to the practice of my profession in Florida.

PRINT APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_