



# Florida Public Safety Institute

## FDOT Sub-Grant Funded Advanced & Specialized Training Authorization Form



**Course Location, Title:** \_\_\_\_\_

**Course Start Date:** \_\_\_\_\_

**Course End Date:** \_\_\_\_\_

**Times (If Applicable):** \_\_\_\_\_

### ATTENDEE

**Full Name (PRINT):** \_\_\_\_\_

**Last 4 digits SSN #** \_\_\_\_\_

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

**Attendee Email Address:** \_\_\_\_\_

**Job Type:** ☐ FULL TIME

☐ CIVILIAN\*

☐ CORRECTIONS\*

*Due to grant restrictions, Sworn Corrections may not eligible*

**Officer Type:** ☐ Law Enforcement

☐ Agency Support/Non-Sworn\* (\*will require job description and approval from FDOT)

### AGENCY INFORMATION

**Agency Name (NO INITIALS PLEASE):** \_\_\_\_\_

**Agency Training Contact Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Agency 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 law enforcement officer, sworn correctional officer OR a civilian employee whose duties will benefit from the offered sub-grant funded training, 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 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  
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(850) 201-7739