

Brevard Police Testing Center

Equivalency of Training Application

DO NOT E-MAIL THIS FORM! Please fill the form out on your computer, print it & mail or carry it to our offices.
Mail completed form to: Brevard Police Testing Center, 3865 N. Wickham Rd. Melbourne, FL 32935

I am seeking Equivalency of Training for (check one) Law Enforcement Corrections Corrections Probation Officer

Please read the accompanying instructions before you complete this application. You must also attach FDLE Form CJSTC 58 "Authority For Release of Information" and the appropriate fee, money order or certified check only.

SSN Your SSN is required by FDLE. **DO NOT SEND THIS FORM VIA E-MAIL!!** Check if you have applied for EOT anywhere else in Florida. Where?

Last Name First Name Middle Initial

Street Address Apt. #

City State Zip Code

Race Sex D.O.B. mm/dd/yyyy These items are required by FDLE. **DO NOT SEND THIS FORM VIA E-MAIL!!**

Home Ph # Mobile Education Level

email Original Certification

My qualifying full-time employment as a law enforcement or corrections officer, which ended no more than 8-years prior to this application, was at the following agency:

Full Agency Name: Your Position/Title:

Street Address Attention (Person or Unit):

City State Zip Code

Ph # Employed from: mm/dd/yyyy Until: mm/dd/yyyy Still Employed

If a second employer must be used to establish a cumulative one-year of full-time employment within an eighteen-month period, please complete the following:

Full Agency Name: Your Position/Title:

Street Address Attention (Person or Unit):

City State Zip Code

Phone Number Employed from: mm/dd/yyyy Until: mm/dd/yyyy

The basic training that establishes my qualifications for this application may be verified at the following institution(s):

Full name of Institution

Street Address Attention (Person or Unit):

City State Zip Code

Phone Number FAX Number

Your Class # Attended from: mm/dd/yyyy Until : mm/dd/yyyy

Second institution, if applicable:

Full name of Institution

Street Address Attention (Person or Unit):

City State Zip Code

Phone Number FAX Number

Your Class # Attended from: mm/dd/yyyy Until : mm/dd/yyyy

APPLICANT'S SIGNATURE and ACKNOWLEDGEMENTS

I, the undersigned, hereby swear or affirm the following:

- (1) All the information I have provided in this application is true and correct.
- (2) I am claiming eligibility for the Equivalency Of Training path to certification as a law enforcement or corrections officer in Florida because I meet all the basic training and full-time employment requirements.
- (3) I understand that an investigator will verify the information in this application and 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 corrections officer in Florida.
- (4) I understand that there are other legal requirements in Florida Statutes, and the rules established by the Florida Criminal Justice Standards and Training Commission (CJSTC), related to proficiency demonstration, examination, citizenship, high school education, criminal history, character of military discharge, and moral character, etc., which must be established in a full background investigation by a hiring agency prior to my certification or employment as a law enforcement or corrections officer in Florida.

Signature of Applicant

AFFIDAVIT

State of _____ County of _____ Before me personally appeared _____

who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn to and subscribed before me this _____ day of _____, 200____. Personally Known _____ -OR- Produced the following

identification: _____ My commission expires on _____, 20____.

Notary Public _____