

Gulf Coast Criminal Justice Selection Center
Equivalency of Training (EOT) Application
Do not send this form via e-mail
Rev: 10/2021

Office Use Only



Please read the Equivalency of Training (EOT) Application Instructions before you complete this application. You must also attach the NOTARIZED FDLE Form CJSTC 58 "Authority For Release of Information" and the appropriate fee in the form of a money order or certified check.

***NOTE: When printing this form, be sure to print single sided only.**

1. Contact Information:

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ Apt #: _____ City: _____ State: _____

Zip Code: _____ E-mail Address: _____ Home Phone #: _____ Mobile Phone #: _____

2. FDLE Required Information - Do not Send this form via e-mail:

Race: _____ Sex: _____ Date of Birth (mm/dd/yyyy): _____ SSN: _____

3. I am seeking Exemption From Training Status as a: (Check one of the blocks below):

Law Enforcement _____ Correctional Officer _____ Correctional Probation Officer _____

4. Employment: My qualifying full time employment as a law enforcement, correctional, or correctional probation officer was with the following agency:

Full Agency Name: _____

Agency Street Address: _____ Suite #: _____ City: _____ State: _____ Zip Code: _____

Agency Telephone Number: _____ Date Employment Began: Date Employment Ended: My Position/Title was: _____

4 a. Employment Continuation: If a second employer is required to establish a cumulative one-year full time employment within an 18 month period.

Full Agency Name:

Agency Street Address: Suite #: City: State: Zip Code

Agency Telephone Number: Date Employment Began: Date Employment Ended: My Position/Title was:

5. Basic Training: I obtained my qualifying training in the subjects required for law enforcement, correctional or correctional probation officer at the following institutions:

Full Name of Training Institution:

Training Institution Street Address: Suite #: City: State: Zip Code

Training Institution Phone Number: Date Training Began: Date Training Ended: Course Title or #:

5 a. Training Continuation: If a second Training Institution is required:

Full Name of Training Institution:

Training Institution Street Address: Suite #: City: State: Zip Code

Training Institution Phone Number: Date Training Began: Date Training Ended: Course Title or #:

*** Note: If you have advanced training or college classes that may assist you in being exempted, request you include copies of your transcripts and/or certificates with this application.**

6. Have you ever applied for Exemption From Training anywhere else in Florida? (Check Yes or No Below)

Yes No If Yes, provide the name of the agency to which you applied:

7. Applicant's Acknowledgements and Signature.

I, the undersigned, herby 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 Exemption From Training path to certification as a law enforcement, correctional or correctional probation 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 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, correctional, or correctional probation 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, correctional, or correctional probation 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 and subscribed to me this ____ day of _____, 20 _____. My commission expires on _____, 20 _____.

Notary Public