



Florida Department of Law Enforcement

# OFFICER CERTIFICATION DEFICIENCY NOTIFICATION

Incorporated by Reference in Rule 11B-27.002(2)(a), F.A.C.



**CJSTC  
259**

\*Applicant's Name: \_\_\_\_\_ Application Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Applicant's Telephone Number: \_\_\_\_\_

Applicant's home address: \_\_\_\_\_

Type of Certification:	Law Enforcement <input type="checkbox"/>	Correctional <input type="checkbox"/>	Correctional Probation <input type="checkbox"/>
	Auxiliary Law Enforcement <input type="checkbox"/>	Auxiliary Correctional <input type="checkbox"/>	

Pursuant to Chapters 943.13 and Chapter 120 of F.S., an inspection was conducted of your application for certification by staff of the Criminal Justice Standards and Training Commission (CJSTC). Your application was found deficient in the following areas:

<input type="checkbox"/> High School Diploma or Equivalency	<input type="checkbox"/> Proof of minimum age of 18 for correctional officer or 19 for all others	<input type="checkbox"/> Acceptable score from the State Officer Certification Examination
<input type="checkbox"/> Processed fingerprint response on file with the employing agency	<input type="checkbox"/> Proof of citizenship	<input type="checkbox"/> Affidavit of Applicant form CJSTC-68
<input type="checkbox"/> Drug Screen Results	<input type="checkbox"/> Physician's Assessment form CJSTC-75 or an equivalent form	<input type="checkbox"/> Name change documentation
<input type="checkbox"/> Background Investigation form CJSTC-77	<input type="checkbox"/> Proof of completion of a Commission-approved Basic Recruit Training Program	<input type="checkbox"/> Other _____

**\*NOTE:** The applicant's name shall correspond with the birth certification or proof of citizenship, and the supporting documentation of the name change shall be maintained on file at the agency.

Comments: \_\_\_\_\_

A copy of this notice has been provided to the applicant and administrator or designee at (Agency): \_\_\_\_\_

\_\_\_\_\_  
Administrator or Designee's Signature

\_\_\_\_\_  
Administrator or Designee's Printed Name

on \_\_\_\_\_

\_\_\_\_\_  
FDLE Field Specialist's Signature

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

### AGENCY AND APPLICANT REQUIREMENTS FOR CERTIFICATION

- The documentation noted above shall be received by the Florida Department of Law Enforcement within 90 calendar days of the above date. Failure to meet all requirements shall result in denial of the officer's application for certification.
- The applicant or agency shall submit this form with all required documentation attached to the following address: **Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489, Attention: Records Section. Fax Number: 850-410-8605.**

The applicant shall check the box and sign this form if withdrawing the application.

I withdraw my application for officer certification due to my inability to comply with statutory requirements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

**\*It is recommended by the Commission that an officer shall not work in a sworn capacity until the officer has complied with all the requirements of Section 943, F.S.**