



Florida Department of Law Enforcement

REGISTRATION FOR EMPLOYMENT AFFIDAVIT OF COMPLIANCE

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



CJSTC 60

Please type or print in black or blue ink and use capital and small letters to write names, addresses, and titles

- 1. Social Security Number:
2. Officer's Name: Last, First, MI
3. Date of birth:
4. Ethnic group or race: Hispanic, White, Asian, Other, Black, American Indian/Native Alaskan
5. Sex: Male, Female
6. Education (Check highest diploma or degree): EQ/AA/AS, BA/BS, MA/MS, JD/PHD/EDD
7. Agency ORI: FL
8. Agency Name:
9. Employment Date:
10. Is this officer employed under a Temporary Employment Authorization? Yes, No

- 11. Employment Class: Law Enforcement, Correctional, Correctional Probation, Concurrent, Special Elected or Appointed
Employment Type: Full-time, Part-time, Auxiliary
Railroad Police: Full-time, Part-time
12. If officer completed auxiliary training, does agency have proof of required high liability training on file? Yes Date, No
13. Is this officer requesting an equivalency-of-training? Yes, No
14. Does the agency have the results of the officer's processed fingerprints on file? Yes, No
15. Does the agency have on file the seven-panel controlled substance screening results as required in Rule 11B-27.00225? Yes, No
16. Has the agency completed a background investigation and have on file all documents required in Chapter 27, F.A.C.? Yes, No

I hereby certify that I have collected, verified, and am maintaining on file evidence that the applicant has met the provisions of Section 943.13(1)-(8) and 943.131, F.S., or any rule adopted pursuant thereto. I fully understand that this affidavit constitutes an official statement under the purview of Section 837.06, F.S., is subject to verification by the Criminal Justice Standards and Training Commission, and any intentional false execution of this affidavit constitutes a misdemeanor of the second degree.

- 17. Agency Administrator or Designee's Signature
18. Date
19. Agency Administrator or Designee's Printed Name and Title

AFFIDAVIT

- 20. STATE OF FLORIDA, COUNTY OF The forgoing instrument was acknowledged before me this
By: who is personally known
or who has produced identification. Type of identification:

Notary's Signature Print, type, or stamp Commissioned Name of Notary
Notary Seal: Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

INSTRUCTIONS FOR COMPLETING FORM CJSTC-60

Use this form to register officers with the Criminal Justice Standards and Training Commission.

USE THIS FORM WHEN:

1. An officer is initially employed.
2. Employment status is changed to full-time, part-time, or auxiliary.
3. An officer changes discipline. Disciplines are law enforcement, correctional, or correctional probation. Concurrent is when an officer has more than one certification.
4. An officer is reinstated because of a court order.
5. An officer transfers from one correctional institution to another with the Florida Department of Corrections.
6. An officer returns to the agency after a leave of absence.
7. The agency merges with another criminal justice agency.
8. An officer is terminated for not having fingerprints for a period not to exceed one calendar year from the date the officer was employed or appointed pursuant to Section 943.13(5), F.S.

HOW TO COMPLETE THIS FORM

1. **Social Security Number.** Enter the officer's social security number as in this example: 000-00-0000.
2. **Name.** Enter the officer's legal last and first name. If the officer has a middle initial, enter it above (MI).
3. **Date of Birth.** Enter the officer's date of birth as in this example: 06-29-41.
4. **Ethnic group or race.** Enter X in the box beside the officer's ethnic group or race. Ethnic groups and races are defined as follows:
 - a. **Hispanic:** all persons of Mexican, Puerto Rican, Central, or South American, or other Spanish culture or origin, regardless of race. May be either white or black.
 - b. **Asian:** Persons originated from any original peoples of Far East, southeast Asia, Indian Subcontinent, or Pacific Islands. Examples are : China, Japan, Korea, Phillipine Islands and Samoa.
 - c. **American Indian or Native Alaskan:** Persons originated from any original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.
 - d. **Black:** Persons originated from any Black racial groups of Africa, but not of Hispanic origin or culture.
 - e. **White:** Originated from any original peoples of Europe, North Africa, or Middle East, but not of Hispanic origin or culture.
 - f. **Other:** Persons originated from the combination of peoples or any peoples who are not Hispanic, Asian, Pacific Islander, American Indian, Native Alaskan, Black, or White.
5. **Sex.** Enter X in the box beside the officer's sex.
6. **Education.** Enter X in the box for the highest certificate, diploma, or degree that the officer holds.
 - a. **EQ/AA/AS:** Equivalency, Associate of Arts, Associate of Science
 - b. **BA/BS:** Bachelor of Arts, Bachelor of Science
 - c. **MA/MS:** Master of Arts, Master of Science
 - d. **JD/PHD/EDD:** Jurist Doctorate (Doctorate of Law), Doctorate (Science Arts or Education,) Doctorate of Education.
7. **Agency ORI.** Enter the last seven digits of the agency's originating agency identifier number. There are nine digits in agency ORI codes and each ORI code begins with FL. Enter as in this example: FL 0370000.
8. **Agency Name.** Enter the agency's name.
9. **Employment date.** Enter the date the officer began working in a certified position, after successful completion of basic recruit training, unless he or she is employed under a temporary employment authorization (TEA). The employment date for the TEA shall be the initial date of employment. Enter as in this example: 05-28-1991.
10. **Temporary Employment Authorization.** Enter X in the box beside "Yes" if the agency hired an officer using a temporary employment authorization (TEA). Enter X in the box beside "No" if the officer was not hired using a TEA.

11. **Employment Class.** Enter X in the box beside the officer's employment type for the applicable discipline. **Note:** The "Special Elected or Appointed" box should only be checked if the person is an elected or appointed official affiliated with the agency for the purposes of maintaining the continued education requirement pursuant to Section 943.135(4), F.S.

Employment type. Enter X in the box for the type of employment.

- a. **Example:** If the Flamingo County Sheriff's Office employs John Mason as a **FULL-TIME** law enforcement officer, enter X in the box beside full-time.
 - b. **Example:** If the Flamingo County Sheriff's Office employs John Mason, who is certified as a part-time law enforcement officer, enter X in the box beside **PART-TIME**.
 - c. **Example:** If the Flamingo County Sheriff's Office employs John Mason, who is certified as an auxiliary law enforcement or correctional officer, enter X box beside **AUXILIARY**.
12. **High-Liability Training for Certified Auxiliary Officers.** Only correctional or law enforcement officers may serve as a certified auxiliary officer. Enter X in the box beside "Yes" if proof of required high-liability training is in the officer's file. If "Yes" is marked, indicate the date the high-liability training was completed. Enter X in the box beside "No" if proof of high-liability training is not in the officer's file.
 13. **Equivalency-of-Training.** Enter X in the box beside "Yes" if the agency is requesting an equivalency-of-training. Enter X in the box beside "No" if the agency is not requesting an equivalency-of-training. Enter X in the box beside "No" if the agency is not requesting an equivalency-of-training. **Example:** Jim Doss is employed by the Flamingo County Sheriff's Office and was previously certified out-of-state. Mr. Doss wants to become a Florida certified officer. Enter X in the box beside "Yes."
 14. **Results of Processed Fingerprints.** Enter X in the box beside "Yes" if the agency has on file the results of the officer's processed fingerprints by FDLE and the FBI, and enter the date the results were received. Enter X in the box beside "No" if the agency does not have on file the fingerprint results.
 15. **Controlled Substance Screening.** Enter X in the box beside "Yes" if the agency has completed the seven-panel controlled substance test requirement for the officer. Enter X in the box beside "No" if the agency has not completed the seven-panel controlled substance test requirement for the officer.
 16. **Background Investigation.** Enter X in the box beside "Yes" if the agency has completed the required background investigation and has on file the required documents. Enter X in the Box beside "no" if the agency has not completed the background investigation. **Note:** Officers should not be employed in a sworn status until all requirements of Section 943.13, F.S. have been met.

AFFIDAVIT OF COMPLIANCE

The agency administrator or designee shall complete the remainder of this affidavit in the presence of a notary public.

17. **Agency administrator's signature.** The agency administrator or designee shall their name attesting that the information on the form is true and correct.
18. **Date signed.** The agency administrator or designee shall enter the date the affidavit was signed.
19. **Agency administrator's title.** Type or print the agency administrator or designee's title and date in black or blue ink.
20. The notary shall complete all blank spaces of this section.

AGENCY REQUIREMENTS

- If the agency is entering the information on-line through the Commission's Automated Management Training System (ATMS), please print this form and maintain the original on file at the agency.
- If the agency is not entering the information on-line through ATMS, maintain the original form on file at the agency and submit a completed copy of the form and the following four attachments. Submit the copies to: **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**
 1. A copy of the applicant's social security card.
 2. A letter requesting FDLE to enter the data into ATMS.
 3. A completed Employment Background Investigative Report form CJSTC-77.
 4. A completed Affidavit of Applicant form CJSTC-68.