



Florida Department of Law Enforcement

CANINE TEAM CERTIFICATION DEFICIENCY NOTIFICATION APPLICATION

Incorporated by Reference in Rule 11B-27.013(7)(b), F.A.C.



CJSTC 270

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

Applicants phone number: \_\_\_\_\_

Pursuant to Section 943.13 and Chapter 120, F.S., an inspection was conducted of your application for canine team certification filed by Commission staff. Your application was found to be deficient in the following areas:

Table with 2 columns and 2 rows of deficiency items, each with a checkbox.

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

A copy of this notice has been provided to the agency administrator or designee at:

Agency: \_\_\_\_\_

Agency Administrator or Designee's Signature Agency Administrator or Designee's Printed Name

FDLE Field Specialist's Signature Date Signed

AGENCY AND APPLICANT REQUIREMENTS FOR CANINE TEAM CERTIFICATION

- 1. 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 will result in denial of your application for canine team certification.
2. The applicant or agency shall submit or fax this form with all required documentation attached: Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489. Fax Number: 850-410-8605.

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

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

Applicant's Signature Applicant's Printed Name Date