



Florida Department of Law Enforcement

OFFICER CERTIFICATION APPLICATION

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



CJSTC 59

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

1. Social Security Number: _____

2. Employment date: _____

3. Applicant's Name: _____
Last

4. Certification type:

- Law Enforcement
- Law Enforcement Auxiliary
- Correctional
- Correctional Auxiliary
- Correctional Probation

_____ First _____ MI

*The applicant's name shall match the applicant's birth certificate or proof of citizenship. Supporting documentation of name change must be maintained on file at the employing agency.

6. Date of birth: _____

5. Agency ORI Number: FL _____

8. _____
Applicant's signature Date

7. Agency name: _____

9. The following are requirements for certification as an officer:

- Minimum age of 18 for correctional officer or 19 for all others
- U.S. Citizenship
- High School Graduate or Equivalent
- Background Investigation form CJSTC-77
- Proof of military discharge, if applicable
- Fingerprint Response or Fingerprint Notification form CJSTC-62
- Registration of Employment Affidavit of Compliance form CJSTC-60

- Physician's Assessment form CJSTC-75
- Drug Screening Results
- Affidavit of Applicant Form CJSTC-68
- Completion of Basic Recruit Training
- Acceptable Score on Officer Certification Examination
- Documentation supporting legal name change, if applicable

I hereby attest that I have collected, verified, and have on file documentation open for Commission inspection that the applicant has met the provisions of Section 943.13(1)-(10), F.S., or any rule adopted pursuant thereto.

10. _____
Agency Administrator or Designee's Signature

11. _____
Date

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of Physical Presence OR Online Notarization this _____
day of _____, year _____. By _____

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned name of Notary Public

Personally Known OR Produced Identification

Type of Identification Produced _____

NOTE: This form should ONLY be submitted after all requirements have been met for certification as an officer.

CJSTC USE ONLY

_____ FDLE Field Specialist's Name

_____ Review Date

INSTRUCTIONS FOR COMPLETING FORM CJSTC 59

This form should only be submitted after ALL requirements have been complied with for certification as an officer.

HOW TO COMPLETE EACH ITEM

1. **Social Security Number.** Enter the applicant's social security number as in this example: 000-00-0000.
2. **Employment Date.** Enter the date the applicant began employment with the agency.
3. **Name.** Enter the applicant's legal first and last name. If the applicant has a middle initial, enter it above (MI).
4. **Certification Type.** Enter X in the box for the type of certification for which the applicant is requesting.
5. **Agency ORI.** Enter the last seven digits of the agency's originating agency identifier number. There are nine digits in agency ORI codes. The first two have been entered and are FL. Enter as in this example: FL0370000.
6. **Date of Birth.** Enter the applicant's date of birth as in this example: 06-29-1941.
7. **Agency Name.** Enter the agency's name.
8. **The applicant shall sign and date this form.**
9. **Enter X in the box at the left of each requirement to indicate compliance.**

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

10. **Agency administrator's signature.** The agency administrator or designee shall sign on this line.
11. **Date signed.** The agency administrator or designee shall enter the date the affidavit was signed.
12. **Notary.** Enter the agency's county and requested date. Enter the name of the administrator or designee. Upon witnessing the agency administrator or designee's signing of this affidavit, the notary public shall complete the notary block.

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 letter requesting FDLE to enter the data into ATMS. Submit the copies to: **Florida Department of Law Enforcement, Criminal Justice Professionalism Program, P.O. Box 1489, Tallahassee, Florida 32302-1489, Attention: Records Section. Fax Number: 850-410-8605**