



COURSE INFORMATION

Course Title: _____

Course Start Date: ____/____/____ Course End Date: ____/____/____

ATTENDEE

Full Name (PRINT): _____ Last 4 digits of SSN: _____

Rank/Position: _____

Attendee Email Address: _____

Job Type: FULL TIME PART TIME CIVILIAN

Officer Type: Law Enforcement Corrections DOC Probation Agency Support
• (may require justification for FDLE Trust Funded courses)

AGENCY INFORMATION

Agency Name (NO INITIALS PLEASE): _____

Training Contact Name: _____ Phone: (____) _____

Training Contact EMAIL: _____

Agency Mailing Address: _____

City: _____, FL Zip: _____

Agency Phone Number: (____) _____

REQUIRED AGENCY AUTHORIZATION

The below agency representative is authorized to register and select the type of training credit to be applied for this course pursuant to Rule 11B-35.006(3) F.A.C.

Course Credit: **Salary Incentive** **Mandatory Retraining**

Agency Authorized Representative Print Name _____

Agency Authorized Representative Signature _____

or DSC assigned ASID Number: _____

SEND VIA EMAIL

To: FDLETraining@daytonastate.edu

Daytona State College
School of Emergency Services
1770 Technology Blvd. | Daytona Beach, FL 32117
(386) 506-4204