



# Florida Public Safety Institute FDOT Sub-Grant Funded Civilian/Non-Sworn Waiver Request

*Agency Job Description Must Be Provided*

## COURSE INFORMATION

Course Title: \_\_\_\_\_

Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_

Course Location: \_\_\_\_\_

## ATTENDEE

Full Name (PRINT): \_\_\_\_\_ Position: \_\_\_\_\_

## AGENCY INFORMATION

Agency Name (NO INITIALS PLEASE): \_\_\_\_\_

Agency Approval Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Training Contact EMAIL: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_, FL Zip: \_\_\_\_\_

Agency Phone Number: (\_\_\_\_) \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## REQUIRED AGENCY AUTHORIZATION

Job Description:

Agency Job Description Attached:

Agency Authorized Representative Print Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

**SEND VIA EMAIL**

To: [traffsafe@tcc.fl.edu](mailto:traffsafe@tcc.fl.edu)

Florida Public Safety Institute FDOT  
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