



Florida Public Safety Institute FDOT Sub-Grant Funded Waiver Request



FDOT Project Number: _____

FDOT Contract Number: _____

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: _____

Job Description:

Job Description Attached:

Do you have an ATMS Profile with FDLE? YES NO
(If not, your Agency will have to create one for you)

REQUIRED AGENCY AUTHORIZATION

Agency Authorized Representative Print Name: _____

Authorized Representative Signature: _____

SEND VIA EMAIL

To: traffsafe@tcc.fl.edu

Florida Public Safety Institute FDOT
Sub-Grant Training Courses
75 College Drive | Havana, Florida 32333
(850) 201-7739