



REGISTRATION FORM

FDLE has asked that you provide your social security number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119.071(5)(a)2.a.II, F.S.

Test Date: _____	Report Time: _____	
Test Time: _____	Location: _____	
Last Name: _____	First Name: _____	
Middle Name: _____	Suffix: _____	
Social Security Number: _____	Address: _____	
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____	
Gender: Male: _____	Female: _____	
Date of Birth: Month: _____	Day: _____	Year: _____
Test Discipline: Law Enforcement: _____	Corrections: _____	Corrections-Probation: _____
Re-Test (Check one above): Yes _____	Date if known: _____	No _____
Race/Ethnicity: _____	Education Level: _____	
_____ White (non-hispanic)	_____ High School Graduate	
_____ African American	_____ GED Certificate	
_____ Hispanic	_____ Associate Degree	
_____ Asian	_____ Bachelor's Degree	
_____ Native American	_____ Graduate Degree	
_____ Other		

All the above information is correct and accurate to the best of my ability. I also waive my right to 10-days advance notice of date, time and location of the FBAT exam. I understand that in order to complete a test, I must present a valid government issued photo ID.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Legal name- as it appears on driver's license)