



NORTHWEST FLORIDA STATE COLLEGE CRIMINAL JUSTICE TRAINING CENTER

INSTRUCTIONS FOR FILLING OUT BASIC RECRUIT APPLICATION

You are about to take the most important step toward an exciting and rewarding career in Criminal Justice. To help you succeed in gaining acceptance to the Basic Recruit Law Enforcement, Auxiliary Law Enforcement and/or Corrections Officer programs at Northwest Florida State College, you must complete the following steps.

1. Apply to NWF State College online.
2. Take the Florida Basic Abilities Test (FBAT/CJBAT) for your area of study (law enforcement or corrections). The cost is \$38.50. Register online at www.nwfsc.edu/Students/Enrollment/TestingCenter.
3. Fill out the Basic Recruit Application, including the FLDE and NWFSC Physical Assessment forms. Please type or print legibly in black ink. Use the check list below to ensure you have a complete application packet.

Incomplete and/or electronic/photocopied applications will not be accepted and shall not be processed. Seats will be assigned on a first come, first served basis.

Application Checklist

A complete application packet consists of the following documents, filled out entirely and containing all required signatures. Please do not leave any blank spaces. Write "N/A" if something does not apply to you.

- Basic Recruit Application (included)
- NWFSC Physical Fitness Assessment (included)
- FDLE Physical Assessment (included)
- Florida Basic Abilities Test results FBAT (obtained from NWFSC Testing Center)
- Copy of Driver's License
- Copy of Military Record (DD214), if applicable

Return your complete application packet to:

Northwest Florida State College
Criminal Justice Department
100 College Boulevard East
Building 510, Public Safety, Room 200
Niceville, Florida 32578
(850) 729-5378



NORTHWEST FLORIDA STATE COLLEGE CRIMINAL JUSTICE TRAINING CENTER

BASIC RECRUIT APPLICATION

Applicant Name: _____

Street Address: _____

Daytime Phone: _____ Cell Phone: _____

E-Mail: _____

Gender: _____ Race: _____ Social Security #: _____

FBAT Score: _____ Date Taken: _____ Location Taken: _____ *(attach results)*

NWFSC Student ID#: _____ Student Email Address: _____

- Desired Class: Law Enforcement Basic Recruit Program (Day Class)
 Law Enforcement Basic Recruit Program (Night Class)
 Correctional Basic Recruit Program (Day Class)
 Auxiliary Law Enforcement Basic Recruit Program (Night Class)

Proposed Method of Payment: Self Pay VA Assistance
 Financial Aid Bright Futures Florida Prepaid
 Paid Agency – Sponsor/Agency Name: _____

Notification of Social Security Number Collection and Usage

In compliance with FL Statute 119.071, this document serves to notify you of the purpose for the collection and usage of your Social Security number.

Northwest Florida State College collects and uses your social security number only in performance of the college's duties and responsibilities.

To protect your identity NWFSC will secure your social security number from unauthorized access, never release your social security number to unauthorized parties, and assign you a unique student or employee identification number. This unique identification number is used for all associated employment and educational purposes at NWFSC.

For Office Use Only:

Date/Time Received: _____

Accepted by: _____

Personal History

Please type or print legibly in black ink.

1. Full Name: _____
Last First Middle

2. Have you ever had your name changed? Yes (*provide supporting documentation*)
 No

If you answered "Yes" to question #2, indicate as follows:

A. Previous Name: _____

B. Date and location of change: _____

C. Reason for change: _____

3. Present address: _____
Street, P.O. Box

City State Zip

4. Home Phone: _____ Business: _____ Other: _____

5. Age: _____ Date of Birth: _____ Place of Birth: _____

6. Weight: _____ Height: _____ Color Hair: _____

7. Driver's License #: _____ State: _____ Expiration: _____
(attach copy of driver's license)

8. Name of person(s) to notify in the case of emergency:

1. _____
Name Relationship Home Phone Work Phone

2. _____
Name Relationship Home Phone Work Phone

9. List below any current or previous family member who was employed as a law enforcement/corrections officer:

A. _____
Name Relationship Home Phone Work Phone

B. _____
Name Relationship Home Phone Work Phone

Citizenship Information

1. Are you a citizen of the United States? Yes No

2. Naturalization: Date: _____ Location: _____ Number: _____

Certification Reference Information

1. Are you presently certified or have you ever been certified as a law enforcement or corrections officer?

Yes No If yes, date certified: _____ State: _____

2. If not presently working as a law enforcement/corrections officer, date last worked as such:

Date: _____ Agency Name: _____

3. Number of years and months experience as a law enforcement/corrections officer:

Years: _____ Months: _____

Education

1. Do you have a college or university degree? Yes No

2. Please check highest degree: AA/AS BA/BS MA/MS PhD/JD

3. Number of semester hours: _____ Quarter hours: _____

4. Major: _____ Minor: _____

Law Enforcement Experience

Have you ever applied for a position with or been sponsored into basic training by any criminal justice agency?

If yes, please list below:

Agency	Phone Number	Rank	Date Employed	Supervisor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Military Service

1. Dates of Service: _____

2. Branch: _____

Active Discharged If discharged, what type?

Court Record

1. Have you been given a traffic ticket within the past five (5) years? Any civil infractions?

Yes No If yes, please list:

Date	Place	Charge

3. Have you ever been arrested or charged in any state for any criminal violation (felony, misdemeanor, or contempt of court order?)

Yes No If yes, list all charges below: (please use additional pages if necessary)

Date	Place	Charge

If convicted, has your record been expunged or sealed? Yes No

If yes, please provide the following information: (note: use additional page if necessary)

Date: _____ City: _____ County: _____ State: _____

(If you have a sealed or expunged record that you have not disclosed in this application, you may not be eligible for employment or appointment as a criminal justice officer.) If you have doubts or questions about a sealed or expunged record affecting your employability, it is your responsibility to review FSS 943.13 & .14 for employment eligibility requirement.





NORTHWEST FLORIDA STATE COLLEGE CRIMINAL JUSTICE TRAINING CENTER

Release of Records and Privileged Information

I hereby authorize Northwest Florida State College and, in particular, the Criminal Justice Training Center to release any and all records, test results, evaluations, photographs, videos, and any information of a privileged nature, which may have been accumulated or compiled by virtue of my attendance, to the Florida Department of Law Enforcement, Division of Criminal Justice Standards and Training; to any state, county, or local law enforcement or corrections agency that has an official need for such records; and to media or social medial outlets in furtherance of the best interest of the Northwest Florida State College Criminal Justice Standards Training Center.

I hereby release the representatives of NWFSC CJSTC from any liability or damage, which may result from furnishing any and all records concerning me.

I have read and understand the above listed statement and authorize the release of my records.

Date: _____, 20 ____.

Students Name: _____
(Last name) (First name) (M.I.)

(Applicant's Signature) (Date)

SSN: _____

Address _____

City State Zip Code



NORTHWEST FLORIDA STATE COLLEGE CRIMINAL JUSTICE TRAINING CENTER

Agreement to Obey Instructions, Release, Assumption of Risk and Agreement to Hold Harmless

I am aware that participating in the Northwest Florida State College Basic Recruit Program can be dangerous in nature involving many risks of injury. I understand that the dangers and risks of participating in the program include, but are not limited to, death, serious neck and spinal injuries, injuries to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, serious injury to virtually all internal organs, and serious injury or impairment to other aspects of the body, general health and wellbeing. I understand that the dangers and risks of participating may result not only in injury, but also in a serious impairment of my future abilities to earn a living, engage in other business, social and recreational activities, and generally to enjoy life.

I attest and affirm that I am physically fit and able to participate in the activities and I have not been advised or informed by anyone in the contrary. I will immediately bring to the attention of Northwest Florida State College and the Criminal Justice Training Center Staff, any medical or other problems that may affect my health and/or fitness and ability to participate in any activity related to the program.

Because of the dangers of participating in the program, I recognize the importance of following the instructions regarding the activities and agree to obey all such instructions.

In consideration of the Northwest Florida State College Board of Directors and other designated organizations for allowing me to use their facilities, I assume all risks associated with participation and release and agree to hold harmless the Board of Directors of Northwest Florida State College, their employees, agents, representatives, and volunteers from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever including any medical treatment and expenses incurred as a result of any injury that I might receive while participating in the above activity related to the program.

The terms hereof shall serve as a release, assumption of risk, and hold harmless agreement not only for ourselves, but also for our heirs, estates, executors, successors, administrators, assigns, and for all members of our family.

(Signature of Student)

(Signature of Witness)

(Date)

(Date)



NORTHWEST FLORIDA STATE COLLEGE CRIMINAL JUSTICE TRAINING CENTER

Declaration Form

All statements and information given in this application are true to the best of my knowledge. In the event that I am admitted to the Academy, I understand that any information found to be omitted or incorrect on any portion of my application may constitute grounds for dismissal.

By my signature below, I hereby authorize the Northwest Florida State College - Criminal Justice Training Center to conduct such investigations as are necessary to determine the accuracy and completeness of this application.

Signature Date

Before me personally appeared _____, who in my presence,
(Name)
signed the above document on _____.
(Date)

The applicant produced the following identification _____ or is
personally known by me. (Type of Identification)

Notary's Name: _____

Notary's Signature: _____

SEAL

Date: _____

NOTICE TO APPLICANTS: This document shall constitute an official statement within the purview of Section 837.06, Florida Statutes, and is subject to verification by the Northwest Florida State College - Criminal Justice Training Center, employing agency, and/or the Florida Criminal Justice Standards and Training Commission. Any intentional omission when submitting this application or false execution of this affidavit shall constitute a misdemeanor of the second degree and may disqualify you from employment as a law enforcement or corrections officer in the State of Florida.

PHYSICIAN'S ASSESSMENTIncorporated by Reference in Rules
11B-27.002(1)(d) and 11B-35.001(10)(d)14., F.A.C.**CJSTC**
75

1. Applicant's Name: _____
Last First MI
2. Last Four Digits of the Applicant's Social Security Number: _____
3. Hiring Agency: _____
4. Training School: _____
5. The Applicant Is Requesting Employment and/or Admission Into a Basic Recruit Training Program in One of the Following Disciplines:
Law Enforcement Correctional Correctional Probation

Note: For employment, a position description that describes the job duties the applicant will perform must be provided.
For training, the physical fitness conditioning program developed by the training center must be provided.

6. Student Participation in Basic Recruit Training Program. A student enrolled in a basic recruit training program (B RTP) is required to participate in the following activities:
- A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
- B. Physical Fitness Conditioning and Physical Fitness Testing: A B RTP student shall participate in physical fitness conditioning and a fitness test and includes the following measures:
• Vertical Jump • One Minute Sit Ups • 300 Meter Run • Maximum Push Ups • 1.5 Mile Run/Walk
- C. The training center director has attached the training school's physical fitness conditioning program: Yes No

*******TO BE COMPLETED BY THE STUDENT*******

7. Medical Conditions Regarding OC/CS Contamination. A B RTP student should be aware of the following personal considerations that may restrict participation in the chemical agent contamination of the B RTP and could possibly be aggravated to a severe degree during the contamination: Recent eye surgery, heart problems, panic disorder or stress, respiratory disorder, emphysema (loss of elasticity/thinning of lung tissues), bronchial asthma, x-ray evidence of pneumoconiosis (black lung), evidence of reduced pulmonary (lung) function, chronic obstructive pulmonary disease, coronary (heart) artery disease, cerebral (brain) blood vessel disease, severe or progressive hypertension (high blood pressure), epilepsy, generalized seizures, pernicious anemia (severe reduction in red blood cells), diabetes (any form), pnueumomediastinum gap (air in the sac surrounding lungs), history of skin allergies, or any condition for which the student is presently taking medication.
8. B RTP Student Certification. I certify that I have reviewed the above information and I do or do not have any medical restrictions that would prevent me from participating in the basic recruit training program activities outlined in item numbers 6A and 6B above.
9. Student's Printed Name: _____
10. Student's Signature: _____ Date _____

11. To the Examining Physician:
The examination of this applicant is for employment or training as an officer, and shall include a complete physical examination at a level of specificity sufficient to determine whether there is any medical or physiological reason that would prevent the applicant from performing the essential functions for employment or training as an officer for the discipline indicated in number 5 above. Disabilities, impairment, or limitations identified by the examination, which would prevent the applicant from performing the essential functions for the officer position, should be reported to the employing agency.

12. Physician's Attestation:
 I hereby attest that I have examined the above named applicant and find him/her **CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.
 I hereby attest that I have examined the above named applicant and find him/her **NOT CAPABLE** of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer job for which the applicant is seeking employment and/or training reflected in number 3 and/or 4 above.

13. Pre-existing Conditions: Sections 112.18 and 943.13, F.S., require agency knowledge of the following three pre-existing conditions. However, these outcomes do not statutorily disqualify the applicant from employment.

Please respond to the following "in my professional opinion, this examination":

- 13a. Did or did not reveal evidence of tuberculosis.
- 13b. Did or did not reveal evidence of heart disease.
- 13c. Did or did not reveal evidence of hypertension.

14. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature Printed Name Examination Date
15. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number Licensing State
16. _____
Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75

Use this form to document and verify the applicant's compliance with the employment requirements of Section 943.13, F.S., and Rule 11B-27.002(1)(d), F.A.C., and/or with the Basic Recruit Training Program entrance requirements of Rule 11B-35.001(14)(b), F.A.C.

GENERAL INSTRUCTIONS

- The physical examination must be performed by a physician licensed under Chapters 458 or 459, F.S., a certified advanced registered nurse practitioner, or a physician assistant.
- This form or an equivalent form, indicating that the officer is capable of performing the essential functions of the law enforcement, correctional, or correctional probation officer duties for which the applicant is seeking employment, **is required** for each new employment or appointment of an officer and may ~~shall~~ be used in conjunction with the Patient Information form CJSTC-75A or an equivalent form, to assist the physician, certified advanced registered nurse practitioner, or physician assistant, by providing testing guidelines to examine the applicant. The physical examination shall not be completed more than one year prior to the officer's date of employment or appointment and a CJSTC-75 form completed for one employing agency may not be used by any other employing agency. If the examination is for employment only, sections 6 – 10 are not required.
- This form, indicating that an applicant is capable of participating in a Basic Recruit Training Program (B RTP), **is required if the applicant is entering a B RTP** and must be completed prior to entrance into a B RTP. The completed form must be maintained in the B RTP course file.
- If an applicant is entering a Basic Recruit Training Program and gaining employment with a criminal justice agency at the same time, a single CJSTC-75 form may be completed for the employing agency and for the training center. The original CJSTC-75 form should reside at the employing agency with a copy being provided to the training center.

INSTRUCTIONS ON HOW TO COMPLETE THIS FORM

1. **Applicant's Name:** Enter the applicant's full legal name.
2. **Last Four Digits of the Social Security Number:** Enter the last four digits of the applicant's social security number.
3. **Hiring Agency:** Enter the hiring agency's name (if applicable).
4. **Training Center:** Enter the training center's name (if applicable).
5. **Request for Employment and/or Training as an officer:** Place a check mark in the box for the discipline in which the applicant is being employed or completing training.
6. **Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing:** High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a B RTP. **There is no pass or fail at this time.** The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. **Defensive Tactics and Firearms Training.** Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
 - B. **Physical Fitness Conditioning and Physical Fitness Testing.** The Physical Fitness Test includes the following measures and are defined as follows:
 - **Vertical Jump.** This measures leg power by measuring how high a person jumps.
 - **One Minute Sit Ups.** This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
 - **Maximum Push Ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push-ups as possible until muscular failure. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - **1.5 Mile Run/Walk.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. **A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75 prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician assistant.**
7. **Medical Conditions Regarding Chemical Agent Contamination.** The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzalmalononitrile (CS).
8. **Basic Recruit Training Program Activities Certification.** The student shall check the appropriate box to indicate if he or she **does or does not** have a medical condition that would restrict participation in the B RTP activities indicated in item numbers 6A and 6B of this form.

9. **Student's Printed Name.** The student shall print his or her first name, last name, and middle initial.
10. **Student's Signature and Date.** The student shall provide a signature and date to verify the information provided by the student is true and correct.
11. **Examining Physician:** The examining physician shall examine the applicant for any medical or physiological reasons that would prevent the applicant from entry into a B RTP or as an officer for employment purposes, pursuant to the attached job duties and/or physical conditioning program.
12. **Physician's Attestation:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box attesting that the applicant is capable or not capable of participating in basic recruit training and/or performing the essential functions of the law enforcement, correctional, or correctional probation officer discipline for which the officer/applicant is seeking training and/or employment.
13. **Pre-existing Conditions:** The physician, certified advanced registered nurse practitioner, or physician assistant shall mark the appropriate box for each pre-existing condition attesting that the examination of the applicant **Did or Did Not** reveal evidence of the pre-existing conditions listed. These outcomes are not disqualifying for employment.
14. **Signature:** The physician, certified advanced registered nurse, or physician assistant shall sign and print his or her name and enter the examination date.
15. **License Number:** Enter the physician, certified advanced registered nurse practitioner, or physician assistant's license number and licensing state.
16. **Professional Address:** Enter the physician, certified advanced registered nurse, or physician assistant's professional address.



NORTHWEST FLORIDA STATE COLLEGE CRIMINAL JUSTICE TRAINING CENTER

PHYSICAL ASSESSMENT

I am aware of the physical requirements listed below and I have no physical limitations which would preclude my participation in the high-liability training areas of the Northwest Florida State College Basic Recruit Program.

Applicant's Name: _____ Social Security #: _____

Applicant's Signature: _____ Date: _____

Basic Recruit Program students are required to perform in the subject areas of Physical Training, Defensive Tactics, Firearms Training, and Medical First Aid as indicated below. Please initial the appropriate block which identifies the student's ability to participate in each of the areas listed.

	Yes	No
Arrest Techniques: Requires the individual to bend at waist and knees (squat and kneel). Student must have full range of motion of both arms and manipulative dexterity of the hands to properly handcuff and control an individual.	<input type="checkbox"/>	<input type="checkbox"/>
Self-Defense: Requires the individual to have joint structures which are completely flexible and free of anomalies.	<input type="checkbox"/>	<input type="checkbox"/>
The individual will be required to kick, punch, and block or parry blows.	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility Exercise: Requires the individual to participate in a variety of exercises focusing on all major muscle groups. The exercises consist of active stretching of the muscle groups through ballistic and non-ballistic movements.	<input type="checkbox"/>	<input type="checkbox"/>
Physical Conditioning: Requires the individual to participate in a variety of physical activities involving strength, flexibility, and cardiovascular endurance. This may consist of, but not limited to, push-ups, pull-ups, sit-ups, leg lifts, and 1 ½ mile run.	<input type="checkbox"/>	<input type="checkbox"/>
Cardiopulmonary Resuscitation: Requires the individual to possess enough physical strength and endurance to compress the chest of an adult 1 ½" to 2" at a rate of 80 compressions per minute for five minutes. Must possess the vital capacity to inflate the lungs of a training manikin with a minimum of 0.8 liters. In addition, must have the strength to roll a 150 pound manikin to a proper position to administer back blows and abdominal thrusts.	<input type="checkbox"/>	<input type="checkbox"/>
Firearms Training: Requires the individual to be capable of 8 – 10 hour blocks of training in firearms, outdoors in prevailing weather conditions. Training may necessitate carrying 3' x 4' targets and frames, shooting up to 300 rounds of handgun ammunition (per training block), up to 50 rounds of shotgun ammunition per training block, and being in direct contact with chemical agents, to wit: Chloracetophenone gas (a.k.a. CN gas), Orthochlorobenzylidene Malononitrile gas (a.k.a. CS gas, or tear gas), Oleoresin Capsicum (a.k.a. pepper spray), and smoke. Training may also require running, jumping, kneeling, rolling, squatting, crawling, and shooting during a timed, highly stressful reactionary course.	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Signature: _____ Date: _____

Physician's Name (printed): _____

Physician's License Number and State of Licensure: _____

Physician's Comments: _____

Material Safety Data Sheet

PEPPER MACE®

May be used to comply with OSHA's Hazard Communication Standard, 29CFR 1910. 1200. Standard must be consulted for specific requirements.

QUICK IDENTIFIER

Common Name: (used on label and list)

4005 - MK4 5.5% Pepper Mace Stream

SECTION 1 -

Manufacturer's

Name *Defense Technology / Federal Laboratories*

Address

Postal Box 248

Emergency Telephone No.

(800) 424-9300

City, State, and ZIP

Casper, Wyoming 82602

Other Information Calls

(877) 248-3835

Signature of Person

Responsible for Preparation (Optional)

Date Prepared

11/01/01

SECTION 2 - HAZARDOUS INGREDIENTS / IDENTITY

Hazardous Component(s) (chemical & common name(s))	OSHA PEL	ACGIH TLV	Other Exposure Limits	% (optional)	CAS NO.
<i>Capsaicin</i>	<i>NG ppm</i>	<i>NG ppm</i>			<i>404-86-4</i>
<i>D-Limonene</i>	<i>NG ppm</i>	<i>NG ppm</i>			<i>5989275</i>
<i>Secondary Butanol</i>	<i>100 ppm</i>	<i>100 ppm</i>			<i>78922</i>
<i>Propylene Glycol</i>	<i>NG ppm</i>	<i>NG ppm</i>			<i>57-55-6</i>
<i>Dipropylene Glycol Monomethyl Ether</i>	<i>100* ppm</i>	<i>100* ppm</i>			<i>34590948</i>

Note: *Skin

SECTION 3 - PHYSICAL & CHEMICAL CHARACTERISTICS

Boiling Point	<i>211° F 370° F</i>	Specific Gravity (H2O = 1)	<i>0.947</i>	Vapor Pressure (mm Hg)	<i>NG</i>
	Vapor Density (Air = 1)	<i>NG</i>			
Solubility in Water	<i>Slight</i>	Reactivity in Water			
Appearance and Odor	<i>Dark Brown Liquid, Aromatic Odor</i>		Melting Point	<i>NG</i>	

SECTION 4 - FIRE & EXPLOSION DATA

Flash Point	<i>110° F</i>	Method Used	<i>Closed Cup</i>	Flammable Limits in Air % by Volume	LEL Lower	UEL Upper
Auto-Ignition Temperature		Extinguisher Media	<i>Use dry chemical, CO2, or water spray.</i>			
Special Fire Fighting Procedures	<i>Cool containers if exposed to fire or high heat.</i>					

Unusual Fire and Explosion Hazards *Product packaged in aerosol form may cause containers to burst when exposed to extreme heat.*

QUICK IDENTIFIER
Common Name: (used on label and list)

4005 - MK4 5.5% Pepper Mace Stream

SECTION 5 - PHYSICAL HAZARDS (REACTIVITY DATA)

Stability Unstable Stable Conditions to Avoid *Avoid exposure to extreme heat.*

Incompatibility (Materials to Avoid)

Hazardous Decomposition Products *Hazardous thermal decomposition products may form such as Carbon Monoxide, Carbon Dioxide and other toxic and corrosive gases.*

Hazardous Polymerization May Occur Will Not Occur Conditions to Avoid *Pungent fumes may be emitted on exposure to temperatures above 175° F.*

SECTION 6 - HEALTH HAZARDS

1. Acute *See Signs and Symptoms* 2. Chronic -----

Signs and Symptoms of Exposure *May cause superficial keratitis, conjunctivitis and irritation to the stomach and digestive system.*

Medical Conditions Generally Aggravated by Exposure *Dermatitis.*

Chemical Listed as Carcinogen or Potential Carcinogen National Toxicology Program Yes No I.A.R.C. Monographs Yes No OSHA Yes No

Emergency and First Aid Procedures *Remove to fresh air. If breathing is difficult, administer oxygen. If breathing has stopped, administer CPR.*

Flush eyes with cool water for at least 15 minutes. Wash with cool water and soap. Drink a glass of water and induce vomiting.

ROUTES OF ENTRY	1. Inhalation	<i>Burning sensation, irritation and nausea.</i>
	2. Eyes	<i>Burning sensation and irritation.</i>
	3. Skin	<i>Liquid and vapors can cause irritation.</i>
	4. Ingestion	<i>Liquid can cause nausea and a burning sensation.</i>

SECTION 7 - SPECIAL PRECAUTIONS AND SPILL / LEAK PROCEDURES

Precautions to be Taken in Handling and Storage *Packaged product is under pressure. Do not puncture, incinerate or store at temperature above 130° F.*

Other Precautions *Irritating to eyes, nose and skin. Avoid inhaling vapors and contact with skin.*

Steps to be Taken in Case Material is Released or Spilled *Extinguish all flames then soak up material in absorbent material and shovel into waste container.*

Waste Disposal Methods (Consult Federal, State, and Local Regulations) *Dispose of in accordance with local, state and federal regulations.*

SECTION 8 - SPECIAL PROTECTION INFORMATION / CONTROL MEASURES

Respiratory Protection (Specify Type) *Use chemical respirator, NIOSH approved.*

Ventilation Yes Local Exhaust Yes Mechanical (General) Yes Special No Other No

Protective Gloves *Use solvent-resistant rubber gloves* Eye Protection *Use chemical-resistant goggles.*

Other Protective Clothing or Equipment *Use solvent-resistant type with full jacket.*

Work/Hygienic Practices *Avoid absorption of product on clothing. If absorbed in clothing, remove and launder at once.*

IMPORTANT

Do not leave any blank spaces. If required information is unavailable, unknown, or does not apply, so indicate.



Northwest Florida State College Criminal Justice Training Center

FINGERPRINTING INSTRUCTIONS

To: Okaloosa County Sheriff's Office

Fr: CJTC Staff

RE: Fingerprinting of Law Enforcement / Correctional Officer Basic Recruit Candidate

Date: _____

The person presenting this Form: _____ is a Basic Recruit Candidate for the following Academy:

- Law Enforcement Officer
- Corrections Officer

Please obtain their fingerprints and send electronically the results to ORI FLTRN0021 so their background investigations can be completed for entrance into the academy.

Legal Name: _____

Current Full Address: _____

Phone Number: _____ Social Security Number: _____ - _____ - _____

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Race (Circle one): American Indian/Alaskan Native – Black – Asian – White – Unknown

State and Country of Birth: _____ U.S. Citizen (Circle one) Yes No

Notification of Social Security Number Collection and Usage

In compliance with FL Statute 119.071, this document serves to notify you of the purpose for the collection and usage of your Social Security number.

Northwest Florida State College collects and uses your social security number only in the performance of the College's duties and responsibilities.

To protect your identity NWFS will secure your social security number from unauthorized access, never release your social security number to unauthorized parties, and assign you a unique student or employee identification number. This unique identification number is used for all associated employment and educational purposes at NWFS.

Very Respectfully,

CJTC Staff

Instructions to Student: Present this form, completed with all required information to the Okaloosa County Sheriff's Office so you may be fingerprinted as part of your admissions process for the Basic Academy. Failure to submit fingerprints will result in your application for admission to be denied for the Basic Recruit Academy.



WHITE-WILSON
MEDICAL CENTER, P.A.

AUTHORIZATION FOR EXAMINATION OR TREATMENT

Patient Name: _____

SS#: _____ Date of Birth: _____

SUBSTANCE ABUSE TESTING: (Check all that apply)

- Non-Dot Drug Screen 5 Panel Dot Drug Screen Nicotine
- Non-Dot Breath Alcohol (FWB ONLY) Dot Breath Alcohol (FWB ONLY)
- 8 Panel Drug Screen 10 Panel Drug Screen
- Observed 5 Panel Rapid 10 Panel Rapid

TYPE OF TESTING:

- Pre-employment Reasonable Suspicion Random
- Post Accident Re-certification Periodic
- Follow-up Other: _____

****Please consume no more than 32oz of any liquids before arriving. ** No children under five.**

Self Pay \$40.00 due at time of service.

Send results to: Northwest Florida State College Criminal Justice Training Center _____

Fax#: _____ Secured Email: criminaljustice@nwfsc.edu _____

Drug Screening hours in Fort Walton Beach, Destin, Navarre and Niceville are Mon-Fri 8am-4:30pm.

Destin
990 Airport Rd.
850-269-6400
Fx: 850-654-9581

Fort Walton Beach
1005 Mar Walt Dr.
850-863-8197
Fx: 850-863-8246

Niceville
2001 E. Hwy. 20
850-897-4400
Fx: 850-897-0623

Navarre
8990 Navarre Pkwy
850-396-0424
Fx: 850-939-0739