

Broward County Public Schools Certification/Incentives Department

Certificate Issuance Request for Contracted Community Agencies (revised 2/7/11)

Please note this form must be completed in its entirety to be accepted.

Name of Location: _____ Location # _____

Contact Name: _____ Date: _____

Contact Phone #: _____ Fax #: _____

Email: _____

Please request issuance of a Florida Department of Education certificate for the individual listed below.

Principal's Signature: _____ Date: _____

Name: _____ SS#: _____

Home Mailing Address (must be a local address): _____

Home Phone # (with area code): _____

Date of employment in this position: _____

Date Fingerprinted (NOTE: fingerprint date must be within the prior twelve month period): _____

Teaching Assignment (include specific subject and grade level if appropriate):

Please read and initial each of the following statements. Please note that any Certificate Issuance Requests received without all requested information and documentation cannot be processed.

_____ I have verified the mailing address listed above is current.

_____ I have verified the fingerprint date is within the prior twelve months.

_____ I have faxed a copy of a completed I-9 form to the fax number below.
(Note: an I-9 cannot be accepted that contains expired documentation)

_____ I have verified the individual we are requesting a certificate issuance for holds a valid (unexpired) **Statement of Status of Eligibility** from the Florida Department of Education which states the individual is eligible for a certificate.

Please fax form to the Certification Department:

Fax #: 754-321-2717