

INJURY OR ILLNESS EXEMPTION  
FOR THE FIREARMS LAW ENFORCEMENT  
OFFICER QUALIFICATION STANDARD

Incorporated by Reference in Rule 11B-27.00212, F.A.C.



CJSTC  
86B

Please type or print legibly in black or blue ink and use capital and small letters to write names, titles, and addresses.

1. Last Four Digits of Social Security Number: \_\_\_\_\_
2. Officer Name: \_\_\_\_\_
3. Agency ORI: FL \_\_\_\_\_
4. Agency Name: \_\_\_\_\_
5. Officer Employment Type:  Law Enforcement  Special Elected or Appointed

I hereby affirm that the above named officer was injured or has a chronic illness and is unable to complete the Law Enforcement Officer Firearms Qualification Standard. Supporting medical documentation is attached. I fully understand that this affidavit constitutes an official statement under the purview of Section 837.06, F.S., is subject to verification by the Criminal Justice Standards and Training Commission, and any intentional false execution of this affidavit constitutes a misdemeanor of the second degree.

6. \_\_\_\_\_  
Agency Administrator or Designee's Signature
7. \_\_\_\_\_  
Date
8. \_\_\_\_\_  
Agency Administrator or Designee's Printed Name and Title

9. OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of

Physical Presence  OR Online Notarization  this \_\_\_\_\_

day of \_\_\_\_\_, year \_\_\_\_\_, By \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned name of Notary Public

Personally Known  OR Produced Identification

\_\_\_\_\_  
Type of Identification Produced

The Commission recommends that the officer qualify on the required firearms qualification standard as soon as medically possible.

Attach supporting documentation to this document and submit to Commission staff at Criminal Justice Professionalism Program, ATTN: Officer Records, P. O. Box 1489, Tallahassee, Florida 32302-1489.

## INSTRUCTIONS FOR COMPLETING FORM CJSTC-86B

Use this form to notify the Criminal Justice Standards and Training Commission of injuries or chronic illnesses that prevent qualification on the Law Enforcement Officer Firearms Qualification Standard.

1. **Social Security Number.** Enter the last four digits of the officer's social security number. Enter the number as 000-00-1234.
2. **Officer's Name.** Enter the officer's legal name. Enter the last and first name and middle initial.
3. **Agency ORI.** Enter the last seven digits of your agency's originating agency identifier number. There are nine digits in agency ORI codes. "FL" has been entered. Enter as in this example: FL 0370000.
4. **Agency Name.** Enter your agency's name.
5. **Officer Employment Type.** Enter X in one of the boxes for the officer's employment type for which mandatory retraining has been completed.
6. **Agency Administrator or Designee's Signature.** The agency administrator or designee shall enter his or her signature.
7. **Date.** The date the agency administrator or designee signed this form.
8. **Agency Administrator or Designee's Printed Name and Title.** The agency administrator or designee shall print his or her name and title.
9. **Completion of Affidavit Section.** The notary public shall complete all blank lines in the Affidavit Section.

Submit this completed form and supporting medical documentation to: Florida Department of Law Enforcement, Criminal Justice Professionalism Program, P.O. Box 1489, Tallahassee, Florida 32302-1489, **Attention: Records Section**