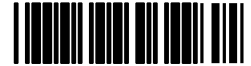


**Florida Retirement System**  
**Application for Special Risk Class Membership for**  
**Forensic Discipline from October 2005 through June 2008**



PO Box 9000  
Tallahassee FL 32315-9000  
850/488-8837 or 877/377-3675

Member Name: \_\_\_\_\_ Member SSN: \_\_\_\_\_

Member Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Employed in Position: \_\_\_\_/\_\_\_\_/\_\_\_\_ County/Agency Number \_\_\_\_\_

Agency: \_\_\_\_\_ Position Title: \_\_\_\_\_

I hereby make application for Special Risk Class membership as a member of the Florida Retirement System (FRS) meeting the criteria for Special Risk Class membership as indicated below.

A. I am employed by a **law enforcement agency** in a forensic discipline recognized by the International Association for Identification (IAI); and

( ) My primary duties and responsibilities in this position include the collection, examination, preservation, documentation, preparation, or analysis of physical evidence or testimony or both. I am attaching a certificate of active membership in the IAI or documentation from the IAI stating that I qualify for active membership.

( ) I am the direct supervisor, quality management supervisor, or command officer of Special Risk Class members whose primary duties and responsibilities include the collection, examination, preservation, documentation, preparation, or analysis of physical evidence or testimony. I am attaching a certificate of active membership in the IAI or documentation from the IAI stating that I qualify for active membership.

B. I am employed by a **medical examiner's office** in a forensic discipline recognized by the IAI; and

( ) My primary duties and responsibilities in this position include the collection, examination, preservation, documentation, preparation, or analysis of physical evidence or testimony or both. I am attaching a certificate of active membership in the International Association for Identification (IAI) or documentation from IAI stating that I qualify for active membership.

( ) I am the direct supervisor, quality management supervisor, or command officer of Special Risk Class members whose primary duties and responsibilities include the collection, examination, preservation, documentation, preparation, or analysis of physical evidence or testimony. I am attaching a certificate of active membership in the International Association for Identification (IAI) or documentation from IAI stating that I qualify for active membership.

Recognized Forensic Discipline: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY EMPLOYER**

I hereby certify that \_\_\_\_\_ meets the criteria for special risk membership in his/her current position of \_\_\_\_\_ Employee Name in accordance with Section 121.0515, F.S., and FRS Rules, and he/she performs the duties and responsibilities as described on the current official position/job description. Attached is a **current official position/job description** showing all of his/her duties and the **percentage of time** spent performing each of these duties. In addition, I further certify that, if he/she is subsequently employed in a different position within our agency, he/she will have to reapply for Special Risk Class membership.

I certify that \_\_\_\_\_ is a law enforcement agency ( ) or is/has a medical examiner's office ( ).  
Employing Agency

Employer Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_