



— Application for Admittance —

Florida Certified Election Professional Program

Only Florida Supervisors of Elections, their staff, and Florida public officials responsible for elections are eligible to participate in the program.

Name: _____

Title: _____

Employer: _____

I am responsible for these election related tasks: _____

Office Address: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

Submission Instructions: Please complete the application for admittance, scan and email the completed application to: FCEP@myfloridaelections.com

For Office Use Only:

Date Received

Entered into Tracking System

Email Sent w/Username