	MON CAPI			D.L.E. Capitol Police ID Office NDAY – FRIDAY 8 A.M. – 5 P.M. PTOL BUILDING SUITE P-3 RM C. Station 2016 FAX: 850-410-2800 PapitolPoliceIDOffice@fdle.state.fl.us			Required Access Level:         Capitol Complex Vendor         Non-Complex Vendor         Press				
	PERS	ONAL INF	ORMAT	FION DATA	New Car	<sup>.</sup> d 🗌 Renewa	l 📃 Lost Card				
NAME	:	First		X.1	11 .	Last & Car					
	NAME:       First       Middle       Last & Generational suffix         COMPANY/BUSINESS NAME:										
ARE YOU CURRENTLY REPRESENTING A LOBBYIST GROUP OR ARE YOU REGISTERED AS A LOBBYIST? YES D NO											
BUSIN	ESS ADDRESS:										
	HONE:										
COMPANY/BUSINESS Residence/Cell Phone											
	SOR DEPARTMENT NA										
							PHONE:				
So	ocial Security No.		Race	Gender	Height	Date of Birth	Place of Birth				
Dri	iver's License In	FORMATION									
Press/Vendo driver's licer may take up immediately prominently termination	or Card Application nse/Id card must be to two weeks to co for deactivation by displayed while in of employment. By	that requires submitted w omplete prior calling 24h the Capitol ( y signing I ac	the sign ith each to being s. @ 488 Complex knowled	ature of the Dep application. All g issued a Vendo 8-1790. Cards n . <u>All cards issue</u> lge that I have re	artment Secreta I new or renewin or card. A lost of nust be possessed d are the proper ead and agree to	ary/Agency head or ng applicants will b or stolen card should and used only by ty of F.D.L.E. and the above outlined	nit a completed Capitol Con his Designee. A copy of a v e subjected to a Background be reported to Capitol Poli- the person to whom it is iss <u>must be surrendered upon er</u> terms of the F.D.L.E./Capit rue, correct and complete.	valid d check that ice sued and xpiration or			
		Applicant	's Sign	ature:	SIGNA	TIDE	DATE				
Applicant's information is exempt from public disclosure pursuant to sections 119.071 and 281.301, Florida Statutes. APPLICANT'S PERSONNEL OFFICE USE ONLY Indicate applicant's required level of access for Agency head review and approval											
Supervisor:											
	SIGNAT	TIDE			PHONE		DATE	-			
	ed Access Level:		·1			)					
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				***ANT	ICIPATED CO	OMPLETTION DA	ATE***				
Authorization: Sergeant's Office, Secretary/Agency head (Designee) Governor's Personnel Office DATE											
Г											
CAPITOL POLICE - INTEROFFICE USE ONLY											
Card#		_ Dept #		Issue Da	te		(REV.02/26/2021)				



Florida	Department	of
Law En	forcement	

## **AUTHORITY FOR RELEASE**

## **OF INFORMATION**

### **NON-SWORN / CONTRACTOR APPLICANT**

#### (Background Investigation Waiver)

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records APPLICANT'S NAME:

DATE OF BIRTH:

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER:

AGENCY REQUESTING BACKGROUND INFORMATION: Florida Department of Law Enforcement

#### ADDRESS:

I hereby authorize for one year, from the date of execution hereof, any authorized representative of the Florida Department of Law Enforcement bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of the Florida Department of Law Enforcement in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to: <u>The Florida Department of Law Enforcement</u>.

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. *Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.* 

### **Capitol Press Badge FAQs**

#### How long does the Capitol Press Badge application background check take?

Background checks may take one to four weeks to process. If you are not a U.S. citizen the background check process will take longer to complete and additional documentation will be required. Please contact <u>CapitolPoliceIDOffice@fdle.state.fl.us</u> for further instructions if you are not a U.S. citizen.

#### What forms do I need to complete?

If you are a U.S. citizen, you must complete two forms: The Press/Vendor Card Application form and the Authority for Release of Information Non-sworn / Contractor Applicant (Background Investigation Waiver) form. You may request a copy of these forms by emailing <u>CapitolPoliceIDOffice@fdle.state.fl.us</u>.

## How do I complete the Press/Vendor Card Application form, and where does my supervisor sign?

Reporters complete the entire form (except the bottom portion marked Capitol Police – Interoffice Only) and sign on the Applicant's Signature line. Your supervisor must sign in two places on the form: The Supervisor line and the Authorization line.

### Do the forms need to be notarized?

The Authority for Release of Information Non-sworn / Contractor Applicant (Background Investigation Waiver) form must be notarized. FDLE's Headquarters and our Regional Operations Centers have notaries. Please call ahead to schedule a visit. There are also notaries at the Capitol. Most banks and UPS stores also have notaries.

## Is there any other documentation I need to provide when I submit my Capitol Press Badge press application and the notarized background investigation waiver forms?

Yes. You must also provide a copy of your valid driver's license/state issued identification card.

### Do the forms have to be hand-delivered to Capitol Police to be processed?

No. You can hand deliver your forms and present your identification or you can email the forms and a copy of your identification to <u>CapitolPoliceIDOffice@fdle.state.fl.us</u>.

### **Capitol Press Badge FAQs**

### Will the Capitol Press Badge be mailed to me once my background check is complete, or do I have to pick it up in person from the Capitol?

You must pick it up in person from the Capitol, we do not mail it to you. The Capitol Police ID Office is located at the Capitol on the P parking level.

# Once I've been approved for a Capitol press badge, how soon can I pick it up from the Capitol Police ID office?

After the background check is completed, you will be notified that your press badge is ready to pick up, and you will have 90 calendar days to pick it up. If you cannot retrieve it in the 90 days, your application will be purged and you will have to resubmit a new application, notarized background check form and another copy of your valid driver's license.

### The application says badges need to be renewed each year, is it a specific time every year? Or, do they expire one year after the approval date?

The application will expire one year from the approval date. To get your credentials renewed next year, you will need to go through this same process.

### Can I pick up my badge at FDLE headquarters?

No. Reporters need to come to the Capitol to pick up their access card once the background is complete because they need to take a photo that is linked to the system at the Capitol.

Is there a list of disqualifiers/reasons why a press badge application would be denied? Disqualifiers for a press access cards generally would be a violent crime or theft related history.

## Will I be contacted by email once the application is processed to let me know if my application is approved or denied?

You will be notified via email or phone either way if the application was denied or approved.

### How do I check on the status of my application?

You can check on your application by emailing <u>CapitolPoliceIDOffice@fdle.state.fl.us</u> or by calling (850) 487-6216.