FDLE
Florida Department of Law Enforcement

EXEMPTION-FROM-TRAINING PROFICIENCY DEMONSTRATION

Incorporated by Reference in 11B-27.002(3)(a)11. and 11B-35.009(7), F.A.C.

CJSTC 76A

1. Applicant's name: Neily, Stephen B.
2. Applicant's Home Address: EMPLOYEE/SPOUS
   City: EMPLOYEE/S State: EM Zip Code: EMPLO
3. Last Four Digits of Social Security Number: PII_SSN Applicant's Home Telephone Number: EMPLOYEE/SPO
4. Training School's Name: NE Florida Criminal Justice Training Center
5. Training School's ORI Number: FL FSLEL0015
6. Training School's Mailing Address: 4715 Capper Road, Jacksonville, Florida 32218
7. Telephone Number: (904)713-4896 Ext. _____ 8. Contact Person: Greg Strickland
9. Date Exemption Granted: 06/02/2022
10. **Law Enforcement Officer Proficiency Checklist:**

Firearms Performance Evaluation (Form CJSTC-4)	Pass ☒	Fail ☐	Date tested 05/01/2023	Not Tested: ☐
First Aid for Criminal Justice Officers (Form CJSTC-5)	Pass ☒	Fail ☐	Date tested 05/04/2023	Not Tested: ☐
Defensive Tactics Performance Evaluation (Form CJSTC-6)	Pass ☒	Fail ☐	Date tested 05/03/2023	Not Tested: ☐
Vehicle Operations Performance Evaluation (Form CJSTC-7)	Pass ☒	Fail ☐	Date tested 05/02/2023	Not Tested: ☐

11. **Correctional Officer Proficiency Checklist:**

Firearms Performance Evaluation (Form CJSTC-4)	Pass ☐	Fail ☐	Date tested _____	Not Tested: ☐
First Aid for Criminal Justice Officers (Form CJSTC-5)	Pass ☐	Fail ☐	Date tested _____	Not Tested: ☐
Defensive Tactics Performance Evaluation (Form CJSTC-6)	Pass ☐	Fail ☐	Date tested _____	Not Tested: ☐

12. **Correctional Probation Officer Proficiency Checklist:**

Firearms Performance Evaluation (Form CJSTC-4)	Pass ☐	Fail ☐	Date tested _____	Not Tested: ☐
First Aid for Criminal Justice Officers (Form CJSTC-5)	Pass ☐	Fail ☐	Date tested _____	Not Tested: ☐
Defensive Tactics Performance Evaluation (Form CJSTC-6)	Pass ☐	Fail ☐	Date tested _____	Not Tested: ☐

The above applicant has complied with the requirements of Section 943.131(2), F.S., and Rule 11B-35.009(7) or (8), F.A.C., as verified by me through examination of supporting documentation on file at the training school.

I acknowledge that the documentation is subject to verification by the Criminal Justice Standards and Training Commission. Further, I acknowledge that a copy of this form has been provided to the applicant.

13. _____
Training Center Director or Designee's Signature

14. 05.04.23
Date Signed

Public Records Exemptions

Enclosed please find a copy of the response documents for your public records request. The following information is provided to explain the process employed to review and produce the response documents.

Reason	Description	Pag
EMPLOYEE/SPOUSE/CHILD_PII_PROTECTED	119.071(4) PII_PROTECTED_EMPLOYEE	1
PII_SSN_FINANCIAL	119.071(5) SSN, bank account numbers, credit card data	1