

**Polk State College
Kenneth C. Thompson Institute of Public Safety**

Basic Abilities Exam

Name _____

Last four SSN _____

Exam Fee **\$45.00**

Date Paid _____

Deposit to Account # **11270200-0000-40920**

Signed _____

Student must submit this form to the Polk State College Cash Management Office at either the Winter Haven Campus or the Lakeland Campus for payment.

To register, you must take your receipt to the Center for Public Safety prior to the day of the test.

On the day of the test, you must provide a valid photo ID (expired driver's license not accepted) and a social security card. **You will not be permitted entry to the test without producing both.**

Notice: Should you elect to participate in any training described herein, please understand that you will be asked to provide your Social Security Number (SSN). The decision to provide your SSN is at your option, but failure to provide your SSN may result in a delay in processing your application or request. If you provide your SSN, FDLE will use it for purposes of identification, and may share the information with other agencies for the same purpose. FDLE's request for your SSN is authorized by state law because it is imperative for the performance of FDLE's duties and responsibilities pursuant to Section 119.071(5)(a)2.1.II,F.S.

NOTE: FEE IS NON-REFUNDABLE