



Your Partner in PUBLIC SAFETY

ONE TIME EXEMPTION FORM

(DATE) Reinstatement of _____ Certification.

IMSA
597 Haverty Court, Suite 100
Rockledge, FL 32955

Dear IMSA International,

The following employee _____ has not completed certification renewal because
(Employee's Name)

(Reason certification(s) has expired longer than a year)

This letter is to confirm that _____ is employed by
(Employee's Name)

_____ since _____ as _____
(Employer) (Employment start date) (Position)

Below describes job duties the above stated employee is responsible for that would directly relate to the certification(s) requiring renewal.

Should you have any questions, please contact the undersigned.

Sincerely,

(Signature)

(Print name)

(Job title)

(Phone Number)

(Email)

*This form is to be completed by a supervisor of the expired certification holder. If a certification holder has expired **more than one year** this form is to be submitted with the required training and renewal fee. Reinstating an expired certification(s) by this method can only be used **ONCE** per individual.