



Request for Re-Examination for Accelerated Certification Training Exams

I, _____, hereby request a re-examination for the Accelerated Certification Training (ACT) Exams.

ACT Exam ___ I ___ II ___ III

___ I am Department personnel.

___ I am an Engineer or Engineering Staff.

___ I am applying to be a Private Certified Environmental Health Professional (CEHP).

___ I am applying to be a Master Septic Tank Contractor.

Please email this form to OSTDS_Feedback@FloridaDEP.gov for processing and re-authorization.

Signature: _____ Date: _____

Official Use Only

Approved: ___ Yes ___ No

Approval Valid Until: _____

ACT Exams Approved for:

Reviewed By: _____

___ I ___ II ___ III

Date Reviewed: _____