



FSPMA

FLORIDA SCHOOL PLANT MANAGEMENT ASSOCIATION

Certified Custodial Instructor Application

Applying for original certification re-certification temporary certificate

Applicant

Name: _____
Last _____ First _____ Middle _____

School District or College: _____

Current Job Title: _____

Mailing Address: _____
Number and Street _____

_____ City _____ State _____ Zip Code _____

Telephone: _____ Email: _____

Current job duties: _____

Professional School Custodian Certification

Date certified as Certified Custodian: _____

Date certified as Master Custodian: _____

Date of trainer certification course: _____

Note: Please attach copies of certificates

Experience

Please describe below or attach any other relevant experience:

Applicant's Signature _____ Date: _____

Date: _____

Email or mail Application to:

Douglas Abbott
dondedsel@aol.com
(727) 480-8164
PO Box 7552
Seminole, FL 33775