

**FACM Course Enrollment Form**

\_\_\_\_\_ FACM 01      \_\_\_\_\_ FACM 02      \_\_\_\_\_ FACM 03      \_\_\_\_\_ FACM 04

**Please see Training Plan Schedule for Course Locations & Dates**

Name \_\_\_\_\_ Last six digits of social security # \_\_\_\_\_

Office/Jurisdiction \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Course Name & Date \_\_\_\_\_

Money Enclosed - Please return this form w/a fee transmittal form    Payment Enclosed: \$ \_\_\_\_\_

Make check payable to: Florida Department of Revenue

Mail payment to:

PTO    Attn: Training Team

Post Office Box 3294

Tallahassee, Florida 32315-3294

**FACM Course Enrollment Form**

\_\_\_\_\_ FACM 01      \_\_\_\_\_ FACM 02      \_\_\_\_\_ FACM 03      \_\_\_\_\_ FACM 04

**Please see Training Plan Schedule for Course Locations & Dates**

Name \_\_\_\_\_ Last six digits of social security # \_\_\_\_\_

Office/Jurisdiction \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Supervisor Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Course Name & Date \_\_\_\_\_

Money Enclosed - Please return this form w/a fee transmittal form    Payment Enclosed: \$ \_\_\_\_\_

Make check payable to: Florida Department of Revenue

Mail payment to:

PTO    Attn: Training Team

Post Office Box 3294

Tallahassee, Florida 32315-3294

- FACM 01 - Mathematics for the Cadastralist
- FACM 02 - Public Land Survey Systems
- FACM 03 - Interpretation of Real Property Descriptions
- FACM 04 - Basic Map Compilation

All FACM Courses - Early Registration Fee (> thirty days prior to class)	\$250
All FACM Courses - Registration Fee (< thirty days prior to class)	\$275