

### FACM Course Enrollment Form

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

Name	Last 6 digits of social security #
Title	Email
Emergency Contact	Emergency Contact Phone Number (Day) (Night)
Office/Jurisdiction	Supervisor Name: Supervisor Email:
Course Number	Course Date

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Name	Last 6 digits of social security #
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Please return this form w/a fee transmittal form

Make check payable to: Florida Department of Revenue

Mail payment to: PTO Attn: Training Team/Post Office Box 3294/Tallahassee, Florida 32315-3294

**Early Registration Fee: \$400 (More than 30 days prior to course start date)**

**Registration Fee: \$450 (Less than 30 days prior to course start date)**

# Training Team Fee Transmittal Form

Please make check(s) payable to:  
Mail to:

The Florida Department of Revenue  
Property Tax Oversight  
Attn: Training Team  
Post Office Box 3294  
Tallahassee, Florida 32315-3294

Submitted by: \_\_\_\_\_ (Office/Jurisdiction)

- Property Appraiser
- Tax Collector
- Property Tax/Department of Revenue

Please fill in the dollar amount for each category on the space provided below.  
Remittance for:

Tuition	\$ _____	Continuing Education Workshop	\$ _____
Books/Materials	\$ _____	Proctor Fee	\$ _____
Dues	\$ _____	Duplicate Certificate	\$ _____
Application Fee	\$ _____	Other	\$ _____

Do not write in this space.  
For validation purposes only.

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Please list individual names (typed) and the purpose of the fee(s) in the space provided.

<i>Name</i>	<i>Purpose</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This form must accompany all remittance submitted for designation purposes.