



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

