



## Brevard County Sheriff's Office Secondary Employment Services Application/Request

Law enforcement related off-duty employment details are restricted to security, LE presence, traffic or patrol functions only.

### Applicant Information: (Failure to complete all applicable information may result in processing delays)

Applicant Name (use business/organization name if applicable): \_\_\_\_\_

Address (Street Address, City & State, Zip Code): \_\_\_\_\_

Contact Representative: \_\_\_\_\_

(Name)

(Title)

E-Mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Extension \_\_\_\_\_

Fax # \_\_\_\_\_

### Job Site Location Information

Location Name: \_\_\_\_\_

Address (Street Address, City & State, Zip Code): \_\_\_\_\_

Is this located within a city jurisdiction? Yes ☐ No ☐

If yes, did you contact the police department prior to requesting our services? Yes ☐ No ☐

Is this a gated community? Yes ☐ No ☐

Job Site Point of Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Invoicing Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Job Information Section

Describe the nature of your event/request for services

Number of Deputies requested \_\_\_\_\_ Number of Maritime Security Officers requested \_\_\_\_\_

**Please note:** The number of deputies and Maritime Security Officers required is determined by the agency and will be assigned accordingly. If applicable, anticipated crowd size: \_\_\_\_\_

Select service(s) needed (check all that apply)

Escort ☐ LE Presence ☐ Patrol Vehicle ☐ Security ☐ Traffic Control ☐

Will alcohol be sold? Yes ☐ No ☐ Will alcohol be served/consumed? Yes ☐ No ☐

If yes to either, have you received the required special event permitting? Yes ☐ No ☐

Is this an on-going detail lasting more than 30 days? Yes ☐ No ☐ If yes, please provide a schedule if available.

Start date \_\_\_\_\_ Start time \_\_\_\_\_ End date \_\_\_\_\_ End time \_\_\_\_\_

**Please note: There is a 3-hour minimum per deputy, per detail.**

Application continued on page 2

## Terms and Conditions

**The undersigned hereby agrees they have read Florida Statute 30.2905 and comply herein.**

### **FL Statue 30.2905:**

Program to contract for employment of off-duty deputies for security services:

(1) A sheriff may operate or administer a program to contract for the employment of sheriff's deputies, during off-duty hours, for public or private security services.

(2) (a) Any such public or private employer of a deputy sheriff shall be responsible for the acts or omissions of the deputy sheriff while performing services for that employer while off-duty, including workers' compensation benefits.

(b) However, for the workers' compensation purposes of this section:

1. A deputy sheriff so employed who sustains an injury while enforcing the criminal, traffic, or penal laws of this state shall be regarded as working on duty.

2. The term "enforcing the criminal, traffic, or penal laws of this state" shall be interpreted to include, but is not limited to, providing security, patrol, or traffic direction for a private or public employer.

3. A sheriff may include the sheriff's proportionate costs of workers' compensation premiums for the off-duty deputy sheriffs providing such services.

(3) Deputy sheriffs employed during off-duty hours pursuant to the provisions of this section are exempt from the licensure requirements of chapter 493 for persons who watch or guard, patrol services or private investigators.

**All requests for off-duty services beginning within 24 hours of the request may be subject to a \$100 administrative surcharge.**

**Should the applicant cancel arrangements with less than 24-hour notice, the applicant agrees to pay for three (3) hours of compensation for each Deputy assigned to the detail.** The Sheriff's Office reserves the right to cancel off-duty details without notice and to recall deputies for official duties when necessary for community safety. The Sheriff's Office may revoke any detail that is determined to be a conflict of interest or creates liability to the Sheriff's Office. Revocation may be in written or oral form.

**All communications requesting off-duty detail, changes to existing details, or cancellations must be sent via email to the Off-Duty Coordinator at [offdutycoordinator@bcso.us](mailto:offdutycoordinator@bcso.us).**

For cancellations during regular business hours (8 a.m.-5 p.m., Monday-Friday), excluding holidays, you may call the Off-Duty Coordinator at (321) 264-5206 and email the Off-Duty Coordinator at [offdutycoordinator@bcso.us](mailto:offdutycoordinator@bcso.us).

For cancellations after regular business hours and on holidays, call the Communications Center at (321) 264-5100.

**In exchange for the service(s) selected, the applicant agrees to pay the following hourly rate(s):**

#### **Deputy Rates:**

Regular Rate: \$65.00 per hour (\$50.00 Rate + \$15.00 Admin Fee)

Holiday/Special Event Rate: \$70.00 per hour (\$55.00 Rate + \$15.00 Admin Fee)

#### **Maritime Security Officer Rates (Port Authority Only):**

Regular Rate: \$37.00 per hour (\$30.00 Rate + \$7.00 Admin Fee)

Holiday/Special Event Rate: \$42.00 per hour (\$35.00 Rate + \$7.00 Admin Fee)

#### **Supervisor Rates:**

Regular Rate: \$70.00 per hour (\$55.00 Rate + \$15.00 Admin Fee)

Holiday/Special Event Rate: \$75.00 per hour (\$60.00 Rate + \$15.00 Admin Fee)

\*Supervisors will be required under the following conditions:

- Details requiring 5 or more deputies: 1 Sergeant
- Details requiring 10 or more deputies: 1 Lieutenant

#### Designated Holidays/Special Events:

New Year's Day  
Martin Luther King Jr. Day  
St. Patrick's Day  
Easter  
Memorial Day  
Independence Day  
Labor Day  
Halloween  
Veteran's Day  
Thanksgiving Day  
Day After Thanksgiving (Black Friday)  
Christmas Eve  
Christmas Day

**Rates are subject to change**

**Prepayment is required for all services unless prior arrangements have been made.**

**All Payments must be made by check, paid to the order of Brevard County Sheriff's Office, credit card (service fees may apply), or ACH.**

☐ I have read the above terms and conditions

Print Name \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Please e-mail application to: [offdutycoordinator@bcso.us](mailto:offdutycoordinator@bcso.us) or fax to (321)264-5324