



SCHOOL DISTRICT OF ESCAMBIA COUNTY
 Operations Department
 75 N. Pace Blvd., Pensacola, FL 32505
 Phone: (850)469-6141 Fax: (850)469-6371

ONE TIME VENDOR LINE-OF-SIGHT
 NOTIFICATION FORM

REFERENCE

Section 5.12(4)(B) Provides for the one time authorization of Line-of-Sight provisions for certain service providers as follows:

Line-of-sight may be used for individual contractors providing training or educational resource presentations provided they are escorted by Responsible District Staff Member to and from the delivery venues and remain under constant supervision throughout their lecture/training delivery obligation. Departments utilizing such individual contractors must receive approval from the Protection Services Department in writing prior to their arrival. Furthermore, these exempted individual contractors must be checked against the national sexual offender database by the Responsible District Staff Member.

National Sexual Offender Database: <http://www.fbi.gov/scams-safety/registry>

Protection Services Manager Signature: _____ Date: _____ Approved _____ Denied _____

VENDOR/CONTRACTOR INFORMATION

Organization/Company Name: _____

Organization/Company Address: _____

Service Provider Full Name:

First Name: _____ Middle Name: _____ Last Name: _____

Vendor Service Provider Gender: M F Vendor Service Provider Contact Ph. #: (____) _____ - _____

_____ Date(s) of Service Delivery: _____

DISTRICT RESPONSIBLE STAFF MEMBER

District Responsible Staff Member (DRSM) Full Name:

First Name: _____ Middle Name: _____ Last Name: _____

DRSM Gender: M F DRSM Contact Ph. #: (____) _____ - _____

COMPLIANCE

I certify that the above named Service Provider has been checked against the national sexual offender database for the State of Florida and the state in which the organization is located and that the above named Service Provider is not listed in either database.

I further certify that the above named Service Provider is providing one time services for the School District commensurate with those permissible under SBR 6 GX-17 5.12 (4) Line of Sight Provisions and that the above named District Responsible Staff Member understands the requirements set forth in SOP 12-01-d10 JLA Line-of-Sight for One Time Vendor Services.

Requesting Department Head Signature: _____ Date: _____

Requesting Department Head Name: _____