

APPLICATION FOR PRACTICAL EXAMINATION FOR RETENTION OF FIREFIGHTER CERTIFICATION BUREAU OF FIRE STANDARDS & TRAINING

Please type or print legibly.

NAME: LAST			First		MI
HOME ADDRESS		CITY	State		ZIP CODE
SOCIAL SECURITY NUMBER ¹				TELEPHONE NUMBER	
FIRE DEPARTMENT (if employed)			·	DATE EMPLOYED	
			ONS BY CHECKING THE APPROPRIATE SPACE		
YES	NO				
		Have you enclosed the current application fee? (Please see fee information, form DFS-K4-1019 for instructions.)			
		Have you enclosed the required Medical Examination? (Form DFS-K4-1022 attached)			
		Note: The Medical Example received by the Bureau of		s than six (6) months	s old at the time it is
		Have you submitted the notarized Personal Inquiry Waiver form? (Form DFS-K4-1020 is attached)			
		Have you had a legal name change since your original certification? If so, enclose documentation.			
		Have you included the candidate fingerprint receipt?			
NOTE: This examination is only offered at the Florida State Fire College in Ocala. Your application must be received at least 30 business days prior to the test date.					
PLEASE INDICATE THE REGIONAL TEST MONTH YOU WISH TO BE TESTED					
TEST SITE: I	<u>-Iorida Stat</u>	<u>e Fire College</u> TEST DA	TE: (circle one) <u>Fe</u>	ebruary May Sep	otember November

SIGNATURE OF APPLICANT

DATE

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND PROCESSING FEE, TO: BUREAU OF FIRE STANDARDS AND TRAINING, 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

 $^{^{1}}$ Please note that the social security number is necessary due to the fingerprint requirement.