

APPLICATION for FIRE OFFICER II CERTIFICATION

Application for Fire Officer II Certification can also be completed online at: www.floridastatefirecollege.org									
Please type or print legibly.									
NAME: LAST			FIRST		MI			DATE OF BIRTH	
HOME ADDRESS:			CITY		STATE			ZIP CODE	
TIONE ADDITION.				OTT			=		ZII OODL
SOCIAL SECURITY NUMBER ¹ (LAST FOUR NUMBERS)				E-MAIL ADDRESS		CONTACT PHONE NUMBER			
						☐ INITIAL APPLICATION			
STUDENT FCDICE #				FIREFIGHTER CERTIFICATION #			REQUEST FOR UPGRADE		
VERIFICATION OF COURSE COMPLETION									
Attach a course completion certificate or college transcript for each of the following courses:									
		Required C	<u>s:</u>	Prov	<u>Dates Attended</u>			Dates Attended	
ICS-30	0: INTEF	RMEDIATE ICS FOR	DING INCIDENTS						
COUR	AGE TO	BE SAFE							
FLORI	DA STA	TE-WIDE EMERGE	SPONSE PLAN						
FIRE S	SERVIC	E COURSE DESIGN							
FIRE F	PREVEN	ITION PRACTICES							
FIREF	IGHTIN	G TACTICS AND ST	ΥII						
PRIVATE FIRE PROTECTION SYSTEMS I									
APPLICANT CHECKLIST									
YES	NO								
		Attach copies of course completions or transcript.							
		Submit Form DFS-K4-2107 "Fire Officer II Task Book".							
		Attach \$30 application fee or paid \$30 application fee online.							
SIGNATURE OF APPLICANT DATE									DATE

¹ **USE OF SOCIAL SECURITY NUMBERS:** Applicant's last four digits of the social security numbers are used by the Division of State Fire Marshal for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Financial Services, Division of State Fire Marshal, will not disclose an applicant's last four digits of the social security number, without consent of the applicant, to anyone outside of the state agencies of Florida, except as required by law.

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION TO:

BUREAU OF FIRE STANDARDS AND TRAINING 11655 NW GAINESVILLE ROAD OCALA, FLORIDA 34482-1486