



**THE DEPARTMENT OF FINANCIAL SERVICES**  
*Division of the State Fire Marshal*

**APPLICATION FOR INSTRUCTOR II CERTIFICATION**  
**BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print legibly.

NAME: LAST	FIRST	MI
HOME ADDRESS	CITY	STATE
000-00-0000		00000
SOCIAL SECURITY NUMBER <sup>1</sup>		(000) 000-0000
		TELEPHONE NUMBER
		(000) 000-0000
FIRE DEPARTMENT (if employed)		FIRE DEPARTMENT TELEPHONE NUMBER

**ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE**

- | <b>YES</b>               | <b>NO</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed the current application and fingerprint processing fee?<br>(Please see fee information, form DFS-K4-1019 for instructions)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed a copy of your Associate Degree or Transcript?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed a documentation of completing the 40-hour Fire Service Course Delivery course?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed documentation of completing the 40-hour Fire Service Course Design course?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you submitted the notarized Personal Inquiry Waiver form?<br>(Form DFS-K4-1020 is attached)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you been a full-time paid firefighter for at least six years?<br>If not, you must document six years experience in the fire service.<br>(Paid and volunteer time may be combined) |

**NOTE:** YOUR APPLICATION MUST BE RECEIVED AT LEAST 10 BUSINESS DAYS PRIOR TO THE TEST DATE. YOU WILL RECEIVE WRITTEN CONFIRMATION OF THE TEST SITE AND DATE YOU ARE SCHEDULED TO TEST AND MUST BRING YOUR CONFIRMATION NOTICE AND PHOTO I.D. TO THE TEST SITE ON THE TEST DATE ASSIGNED.

**INDICATE THE REGIONAL TEST SITE AND DATE YOU WISH TO BE ASSIGNED, ALONG WITH A 2<sup>ND</sup> AND 3<sup>RD</sup> CHOICE:**

TEST SITE: \_\_\_\_\_ TEST DATE: \_\_\_\_\_  
 2<sup>ND</sup> CHOICE: \_\_\_\_\_ 3<sup>RD</sup> CHOICE: \_\_\_\_\_

\_\_\_\_\_  
 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

**PURSUANT TO THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, ANY PERSON NEEDING SPECIAL ACCOMMODATIONS, PLEASE ADVISE US AT LEAST SEVEN CALENDAR DAYS PRIOR TO TEST DATE BY CONTACTING OUR ADA COMPLIANCE OFFICER AT (352) 369-2800.**

<sup>1</sup> Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.