CERTIFICATION RENEWAL APPLICATION BUREAU OF FIRE STANDARDS & TRAINING

TYPE OR PRINT LEGIBLY					
FIREFIGHTER'S NAME:		SS#:	000-00-0000	1	
MAILING ADDRESS:				00000	
PO BOX OR STREET ADDRESS			STATE	ZIP CODE	
EMPLOYING AGENCY:					
CURRENT POSITION HELD:		- (00	20) 000 0000		
BUSINESS PHONE #: (000) 000-0000		HOME PHONE: (000) 000-0000			
CERTIFICATE RENEWAL FOR:	-		BER:		
	EXPIRATION	DATE:			
List the Courses, Seminare or Conferences, minimum of forty (40) ho and completed during your three (3) year certification period.	urs required, conducive t	to your ce	ertification, which you ha	ave attended	
Enclose copies of certificates along with the required renewal fed Services."	e of \$15.00 made payab	le to the	"Florida Department	of Financial	
If you have not completed the required training, you may elect to test This form, along with the renewal fee must be received by the Bureau Florida 34482-1486 no less than 10 business days prior to the schedu Indicate Regional Testing Site and Date:	of Fire Standards and T				
Pursuant to the provisions of the Americans with Disability A	ct, any person needin	a specia	al accommodations.	please advise	
us at least seven calendar days prior to test date by contacting	g our ADA Complianc	e Officer	at (352) 369-2800.	product darries	
THIS FORM MUS	T BE NOTARIZED				
I,, do hereby and all attached documents are true and correct to the			contained in this a	pplication	
		Signature of Applicant			
STATE OF FLORIDA COUNTY OF	5	ignature	e or Applicant		
The foregoing instrument was acknowledged by me thi	s day	y of		, 20 00	
by who is person (Name of Person Acknowledged)	onally known to me,	or	who has	provided	
	as identification	۱.			
N	otary Public Signatu	ire			
C	ommission expires:				
PLEASE AFFIX SEAL ABOVE					

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