



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

MEMBER APPLICATION FOR FIRE CODE INTERPRETATION COMMITTEE

Please type or print legibly.

NAME: LAST FIRST MI DATE OF BIRTH

BUSINESS ADDRESS

CITY STATE ZIP

TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE) E-MAIL ADDRESS

TO QUALIFY FOR SERVICE ON THE FIRE CODE INTERPRETATION COMMITTEE, A FIRE SAFETY INSPECTOR MUST BE CERTIFIED IN COMPLIANCE WITH FLORIDA STATES SECTION 633.216(2) AND POSSESS A MINIMUM OF FIVE YEARS EXPERIENCE IN FIRE CODE ENFORCEMENT ACTIVITIES VERIFIABLE THROUGH AN EMPLOYER OR SUCH OTHER INFORMATION AS WILL REASONABLY SERVE TO VERIFY THE EXPERIENCE.

ARE YOU A CERTIFIED FIRESAFETY INSPECTOR IN COMPLIANCE WITH F.S. 633.216(2)?

☐ YES ☐ NO

DO YOU HAVE FIVE YEARS EXPEWRIENCE IN THE ENFOCEMENT OF FIRE SAFETY CODES AND STANDARDS?

☐ YES ☐ NO

PLEASE EXPLAIN EXPERIENCE: (INCLUDE DATES, EMPLOYERS AND CONTACT INFORMATION)
(If more space is needed, please attach additional sheets.)

NOTE: YOUR APPLICATION MUST BE RECEIVED AND ON FILE WITH THE STATE FIRE MARSHAL AT LEAST 30 DAYS PRIOR TO YOUR ACTIVE PARTICIPATION IN A RULING OF THE FIRE CODE INTERPRETATION COMMITTEE. YOU MUST RESIDE WITHIN THE EMERGENCY RESPONSE REGION TO WHICH YOU ARE ASSIGNED TO REPRESENT. YOUR HOME ZIP CODE WITLL BE USED FOR THIS DETERMINATION.

HOME ZIP CODE: _____

SIGNATURE OF APPLICANT DATE

SUBMIT THIS APPLICATION ONLY TO: Division of State Fire Marshal, Informal Interpretation Program, Bureau of Fire Prevention, 200 East Gaines Street, Tallahassee, Florida 32399-0342.

FOR INTERNAL USE ONLY:

DATE ASSIGNED: _____

REGION: _____