



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

APPLICATION FOR FIREFIGHTER CERTIFICATION EXAMINATION

Please type or print legibly.

NAME: LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS:	CITY	STATE	ZIP CODE
STUDENT ID	E-MAIL ADDRESS	CONTACT PHONE NUMBER	

REQUIRED ATTACHMENTS:

- Fingerprint live scan date _____
- Copy of your High School Diploma (Home Schooling must be compliant with Sections 1002.41 and 1003.21, F.S.)
- Copy of drivers license or birth certificate as proof of being at least 18 years old
- Completed, signed and dated original DFS-K4-1022 (completed less than 6 months before start of class)
- Receipt of \$30 application fee
- Notarized Tobacco Affidavit

Fill in the blank and attach a Certificate or Transcript for each of the courses below.

	<u>COURSE TITLE</u>	<u>PROVIDER</u>	<u>DATES ATTENDED</u>
1	MINIMUM STANDARDS (492 Hours)	_____	_____
2	FIRST RESPONDER, EMT OR EMTP	_____	_____

Inquiry Waiver - By my signature below, I authorize the Division of State Fire Marshal, Bureau of Fire Standards and Training, to have access to any and all information concerning my work record, school record, military record, and moral character pertinent to this application. This includes any and all information of a confidential or privileged nature, and copies of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification in the State of Florida.

Certification Notice – By my signature below, I understand that submission of this application is not a guarantee of approval and certification. Certification is only attained with an approved application, successfully completing the required courses or attaining equivalency, and passing the state certification written and practical exam.

 SIGNATURE OF APPLICANT

 DATE

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND APPLICATION 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 WHEN SCHEDULING