

## PERSONAL INQUIRY WAIVER BUREAU OF FIRE STANDARDS & TRAINING

APPLICANT'S	NAME:			
DATE OF BIRTH:			SOCIAL SECURITY #: _000-00-0000	
ADDRESS:	STREET	CITY	STATE	00000 ZIP CODE
Standards and school record confidential or by the Bureau	d Training, any and, military record, ar privileged nature, of Fire Standards	I all information ad moral chara and photostats and Training in	ish the Division of State Find that you may have concecter. Please include any as of same if requested. The determining my qualificate, or other competency cert	erning my work record, and all information of a his information is to be used tions and fitness for
			SIGNATURE OF APPL	ICANT
		THIS FORM M	IUST BE NOTARIZED	
STATE OF FLO	DRIDA		-	
On(month	n and day)	(year) ,	(Applicant's Name	personally
			ersonally known to me, or as identification.	who has provided
			Notary Public Signature	
PLEASE AFFIX	( SEAL ABOVE		Commission expires:	

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