

APPLICATION FOR FIRESAFETY INSPECTOR I CERTIFICATION EXAMINATION BUREAU OF FIRE STANDARDS & TRAINING

Please type or print legibly.				
NAME: LAST	FIRST	MI	DATE OF BIRTH	
			00000	
HOME ADDRE	SS: CITY	STATE	ZIP CODE	
000-00-00000	1		(000) 000-0000	
SOCIAL SECURITY NUMBER ¹		TELEPHONE NUMBER (000) 000-0000		
FIRE DEPARTMENT (if employed)		TELEPHONE NUMBER		
IN ORDER TO QUALIFY FOR FIRESAFETY INSPECTOR CERTIFICATION, ONE MUST BE IN COMPLIANCE WITH FLORIDA STATUTES. Section 633.081(2)(b) states: "Not have been found guilty of, or having pleaded guilty or nolo contendere to, a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States, or of any State thereof, which involves moral turpitude, without regard to whether a judgment of conviction has been entered by the court having jurisdiction of such cases."				
ARE YOU IN C	OMPLIANCE WITH F.S. 633.081(2)(B)?		
DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE FOLLOWING 40-HOUR COURSES IS REQUIRED:				
COL	URSE TITLE	TRAINING CENTER	DATES ATTENDED	
1. BUILDING CONSTRUCTION				
2. CODES AND STANDARDS				
3. FIRE PREVENTION PRACTICES				
4. PRIVATE FIRE PROTECTION SYSTEMS				
5. BLUE PRINT READING & PLANS EXAM				
ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE				
YES NO	ANSWER THE FOLLOWING QUE	STIONS BY CHECKING THE APPROPRIAT	<u>E SPACE</u>	
	Have you enclosed the current ap for instructions)	oplication fee? (Please see fee inform	mation, form DFS-K4-1019	
	Have you enclosed documentatio official College Transcript)	e you enclosed documentation of completing the 40-hour courses listed above? (Certificate or ial College Transcript)		
	lave you enclosed the required Fingerprint Card completely filled out? (Proper card is attached)			
	Have you submitted the notarized Personal Inquiry Waiver form? (Form DFS-K3-1020 is attached)			
	Have you submitted a copy of your High School Diploma?			
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 ND AND 3 RD CHOICE:				
TEST SITE:		TEST DATE	::	
	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 ACCOMODATIONS, PLEASE ADVISE US AT LEAST SEVEN CALENDAR DAYS PRIOR TO TEST DATE BY CONTACTING OUR ADA COMPLIANCE OFFICER AT (352) 369-2800.

DFS-K4-1023 REV 12/02 01 - 5003-F 30.00 02 – 5004-F

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