



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

**NOTICE OF EMPLOYMENT AS A FIREFIGHTER
 BUREAU OF FIRE STANDARDS & TRAINING**

FIREFIGHTER'S NAME: _____ Last 4 SS#: 0000 1

MAILING ADDRESS: _____ 00000
 PO BOX OR STREET ADDRESS CITY STATE ZIP CODE

TELEPHONE #: (000) 000-0000 DATE OF BIRTH: _____

CERTIFICATE OF COMPLIANCE #: _____ ISSUE DATE: _____

IF NOT YET CERTIFIED, IDENTIFY TRAINING CENTER TO BE ATTENDED & DATES:

_____	_____
TRAINING CENTER TO BE ATTENDED	DATES OF TRAINING

FIRE DEPARTMENT: _____

DATE OF EMPLOYMENT: _____

FIRE CHIEF: _____ TELEPHONE #: (000) 000-0000

ADDITIONAL INFORMATION REQUIRED IF MORE THAN FOUR (4) YEARS HAVE ELAPSED SINCE;

- A) PREVIOUS FIRE SERVICE EMPLOYMENT AND CURRENT EMPLOYMENT,
- B) ISSUE DATE OF CERTIFICATE OF COMPLIANCE AND CURRENT EMPLOYMENT DATE,

THE FIREFIGHTER MUST SUBMIT DOCUMENTATION, ALONG WITH THIS NOTICE, OF BEING IN COMPLIANCE WITH 633.414, FLORIDA STATUTE, RETENTION OF FIREFIGHTER AND VOLUNTEER FIREFIGHTER CERTIFICTIONS, AND 69A-37.0527, FLORIDA ADMINISTRATIVE CODE.

 SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT

 DATE

NOTE: THIS FORM IS TO BE COMPLETED AND MAILED WITHIN TEN (10) BUSINESS DAYS AFTER DATE OF EMPLOYMENT TO:
 BUREAU OF FIRE STANDARDS AND TRAINING, 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

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