



Department of Financial Services
Division of the State Fire Marshal

**APPLICATION FOR PRACTICAL EXAMINATION
 FOR RETENTION OF FIREFIGHTER CERTIFICATION
 BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print legibly.

NAME: LAST FIRST MI

HOME ADDRESS CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER¹ TELEPHONE NUMBER

FIRE DEPARTMENT (if employed) DATE EMPLOYED

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed the current application fee?
(Please see fee information, form DFS-K4-1019 for instructions.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed the required Medical Examination?
(Form DFS-K4-1022 attached) |
| | | Note: The Medical Examination must be less than six (6) months old at the time it is received by the Bureau of Fire Standards. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you submitted the notarized Personal Inquiry Waiver form?
(Form DFS-K4-1020 is attached) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a legal name change since your original certification?
If so, enclose documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you included the candidate fingerprint receipt? |

NOTE: This examination is only offered at the Florida State Fire College in Ocala.
 Your application must be received at least 30 business days prior to the test date.

PLEASE INDICATE THE REGIONAL TEST MONTH YOU WISH TO BE TESTED

TEST SITE: Florida State Fire College TEST DATE: (circle one) February May September November

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

¹ Please note that the social security number is necessary due to the fingerprint requirement.