



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

**APPLICATION FOR SPECIAL CERTIFICATE OF COMPLIANCE
 FOR ADMINISTRATIVE & COMMAND HEAD OF A
 FIRE/RESCUE/EMERGENCY SERVICES ORGANIZATION
 BUREAU OF FIRE STANDARDS & TRAINING**

NAME: LAST	FIRST	MI	DATE OF BIRTH
			00000
HOME ADDRESS:	CITY	STATE	ZIP CODE
000-00-00000		(000) 000-0000	
SOCIAL SECURITY NUMBER ¹		HOME TELEPHONE NUMBER	
EMPLOYING AGENCY		DATE EMPLOYED	
		(000) 000-0000	
POSITION HELD		DEPARTMENT TELEPHONE #	

THE FOLLOWING QUALIFICATIONS AND REQUIREMENTS MUST BE MET AND DOCUMENTED WITHIN ONE YEAR OF DATE OF EMPLOYMENT:

*** THIS SECTION TO BE COMPLETED BY BUREAU STAFF ***

- Preliminary Equivalency Application – Firefighter Minimum Curriculum Requirements
 Date Submitted: _____ Date Denied: _____ Date Approved: _____
- Proof of Employment as Administrative & Command Head of the Fire/Rescue/Emergency Services Organization an employing agency: Date Submitted: _____ Date Approved: _____
- Application for Certification as a Firefighter, along with all supporting documents:
 Date Submitted: _____ Date Approved: _____
 Deficiencies: _____
- Written Examination – Firefighter Certificate of Compliance: Test Date: _____
 Grade: _____
- Written Examination – Fire Officer One Competency Test Date: _____
 Grade: _____
- Seminar (six hours) – relative to State Statute 633, 447, and 442:
 Date Attended: _____ Documentation Attached: _____

I have read and understand the requirements of Administrative Code 4A-37.054 and hereby make application for a Special Certificate of Compliance:

 SIGNATURE OF APPLICANT

 DATE OF APPLICATION

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.

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