



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

**APPLICATION FOR INSTRUCTOR III CERTIFICATION
 BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print legibly.

NAME: LAST	FIRST	MI
		00000
HOME ADDRESS	CITY	STATE
000-00-0000		(000) 000-0000
SOCIAL SECURITY NUMBER ¹		TELEPHONE NUMBER
		(000) 000-0000
FIRE DEPARTMENT (if employed)		FIRE DEPARTMENT TELEPHONE NUMBER

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE

YES

NO

Have you enclosed the current application fee?
 (Please see fee information, form DFS-K4-1019 for instructions)

Have you enclosed a copy of your Bachelor Degree or Transcript?

Have you enclosed documentation of completing the 40-hour Fire Service Course Delivery course?

Have you enclosed documentation of completing the 40-hour Fire Service Course Design course?

Have you submitted the notarized Personal Inquiry Waiver form?
 (Form DFS-K4-1020 is attached)

Have you been a full-time paid firefighter for at least six years?
 If not, you must document six years experience in the fire service.
 (Paid and volunteer time may be combined)

 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 not required; however, if you provide it, it will greatly assist us in assisting you.