



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

- | <u>YES</u> | <u>NO</u> | |
|--------------------------|--------------------------|--|
| <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 a copy of your Bachelor Degree or Transcript? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed documentation of completing the 40-hour Fire Service Course Delivery course? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed documentation of completing the 40-hour Fire Service Course Design course? |
| <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 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.