

SIGNATURE OF APPLICANT

APPLICATION FOR SINGLE COURSE EXEMPTION INSTRUCTOR CERTIFICATION BUREAU OF FIRE STANDARDS & TRAINING

Please type or print legibly. NAME: LAST **FIRST** MI 00000 HOME ADDRESS CITY STATE ZIP CODE 000-00-0000 (000) 000-0000 SOCIAL SECURITY NUMBER **TELEPHONE NUMBER** (000) 000-0000 **EMPLOYER** TELEPHONE NUMBER SINGLE COURSE EXEMPTION FOR THE FOLLOWING COURSE: (PLEASE SEE THE FLORIDA STATE FIRE COLLEGE COURSE CATALOG OR VISIT OUR WEBSITE FOR **COURSE TITLES**) ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE YES NO Have you enclosed a letter requesting this exemption with a detailed destription of your credentials or experience for consideration? \Box \Box Have you enclosed evidence documenting your expertise (experience and/or education) in the subject area you wish to teach? Have you enclosed documentation of completing the 40-hour Fire Service Course Delivery course or equivalent? Have you submitted the notarized Personal Inquiry Waiver form? (Form DFS-K4-1020 is attached) Have you enclosed the current application fee? \Box \Box (Please see Fee Information, form DFS-K4-1019 for instructions)

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

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.

DATE

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