



**THE DEPARTMENT OF FINANCIAL SERVICES**  
*Division of the State Fire Marshal*

**APPLICATION FOR  
 FIRE AND LIFESAFETY EDUCATOR CERTIFICATION EXAMINATION  
 BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print legibly.

NAME: LAST	FIRST	MI	DATE OF BIRTH
			00000
HOME ADDRESS:	CITY	STATE	ZIP CODE
000-00-00000		(000) 000-0000	
SOCIAL SECURITY NUMBER <sup>1</sup>		HOME TELEPHONE NUMBER	
		(000) 000-0000	
FIRE DEPARTMENT (If employed)		FIRE DEPARTMENT TELEPHONE NUMBER	

DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE FOLLOWING COURSES IS REQUIRED:

<u>COURSE TITLE</u>	<u>TRAINING CENTER</u>	<u>DATES ATTENDED</u>
1. FIRE & LIFESAFETY EDUCATOR I (40 Hours)	_____	_____
2. FIRE & LIFESAFETY EDUCATOR II (24 Hours)	_____	_____

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 documentation of completing the courses listed above?  
 (Certificate or official College Transcript)



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

**NOTE:** YOUR APPLICATION MUST BE RECEIVED AT LEAST 10 BUSINESS DAYS PRIOR TO THE TEST DATE. YOU WILL RECEIVE WRITTEN CONFIRMATION OF THE TEST SITE AND DATE YOU ARE SCHEDULED TO TEST AND MUST BRING YOUR CONFIRMATION NOTICE AND PHOTO I.D. TO THE TEST SITE ON THE TEST DATE ASSIGNED.

INDICATE THE REGIONAL TEST SITE AND DATE YOU WISH TO BE ASSIGNED, ALONG WITH A 2<sup>ND</sup> AND 3<sup>RD</sup> CHOICE:

TEST SITE: \_\_\_\_\_ TEST DATE: \_\_\_\_\_

2<sup>ND</sup> CHOICE: \_\_\_\_\_ 3<sup>RD</sup> CHOICE: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND PROCESSING FEE, TO THE 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.

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