



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

**CERTIFICATION RENEWAL APPLICATION**  
**BUREAU OF FIRE STANDARDS & TRAINING**

TYPE OR PRINT LEGIBLY

FIREFIGHTER'S NAME: \_\_\_\_\_ SS#: 000-00-0000 <sup>1</sup>

MAILING ADDRESS: \_\_\_\_\_ 00000  
 PO BOX OR STREET ADDRESS CITY STATE ZIP CODE

EMPLOYING AGENCY: \_\_\_\_\_

CURRENT POSITION HELD: \_\_\_\_\_

BUSINESS PHONE #: (000) 000-0000 HOME PHONE: (000) 000-0000

CERTIFICATE RENEWAL FOR: \_\_\_\_\_ CERTIFICATE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

List the Courses, Seminars or Conferences, minimum of forty (40) hours required, conducive to your certification, which you have attended and completed during your three (3) year certification period.

Enclose copies of certificates along with the required renewal fee of \$15.00 made payable to the "Florida Department of Financial Services."

If you have not completed the required training, you may elect to test prior to the expiration of your certification, at a Regional Testing Site. This form, along with the renewal fee must be received by the Bureau of Fire Standards and Training, 11655 NW Gainesville Road, Ocala, Florida 34482-1486 no less than 10 business days prior to the scheduled examination date.

Indicate Regional Testing Site and Date: \_\_\_\_\_

Pursuant to the provisions of the Americans with Disability Act, any person needing special accommodations, please advise us at least seven calendar days prior to test date by contacting our ADA Compliance Officer at (352) 369-2800.

**THIS FORM MUST BE NOTARIZED**

I, \_\_\_\_\_, do hereby affirm that the information contained in this application and all attached documents are true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature of Applicant

STATE OF FLORIDA  
 COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged by me this \_\_\_\_\_ day of \_\_\_\_\_, 20 00

by \_\_\_\_\_ who is personally known to me, or \_\_\_\_\_ who has provided  
 (Name of Person Acknowledged)

\_\_\_\_\_ as identification.

\_\_\_\_\_  
 Notary Public Signature

Commission expires: \_\_\_\_\_

PLEASE AFFIX SEAL ABOVE

<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.