**APPLICATION for FIRE OFFICER IV CERTIFICATION**

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| **Application for Fire Officer IV Certification can also be completed online at:** [**www.floridastatefirecollege.org**](http://www.floridastatefirecollege.org) | | | | | | | | | | | | |
| ***Please type or print legibly.*** | | | | | | | | | | | | |
|  | | | | |  | | |  | | | |  |
| NAME: LAST | | | | | FIRST | | | MI |  | | | DATE OF BIRTH |
|  | | | | |  | | |  | | | |  |
| HOME ADDRESS: | | | | | CITY | | | STATE | | | | ZIP CODE |
|  | | | |  | | | |  | | | | |
| Social Security Number1  (LAST FOUR NUMBERS) | | | | E-MAIL ADDRESS | | | | CONTACT PHONE NUMBER | | | | |
|  | | | |  | | | |  | | | | |
| STUDENT FCDICE # | | | | FIREFIGHTER CERTIFICATION # | | | | INSTRUCTOR CERTIFICATION # | | | | |
| APPLICATION: DIRECT PROGRAM DELIVERY | | | | | | | APPLICATION: PORTFOLIO ASSESSMENT | | | | | |
| (Complete all sections below) | | | | | | | (Complete Section A & Section C below) | | | | | |
|  | | | | | | | | | | | | |
| **SECTION A**  **VERIFICATION: FIVE YEARS OF EXPERIENCE AS A FIRE OFFICER** | | | | | | | | | | | | |
| **Please complete the following:** | | | | | | | | | | | | |
| **Fire Service Agency** | | | | | | | | | | **Years of Service** | | |
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| **SECTION B**  **VERIFICATION OF COURSE COMPLETION** | | | | | | | | | | | | |
| **Attach a course completion certificate or college transcript for each of the following courses:** | | | | | | | | | | | | |
|  | **Required Courses:** | | | | | **Provider** | | | | | **Dates Attended** | |
| COURAGE TO BE SAFE | | | | | |  | | | | |  | |
| COMMUNITY RISK REDUCTION | | | | | |  | | | | |  | |
| PERSONNEL MANAGEMENT FOR THE FIRE AND EMERGENCY SERVICES | | | | | |  | | | | |  | |
| STRATEGIC PLANNING | | | | | |  | | | | |  | |
| ***Select one of the following electives:*** | | | | | |  | | | | |  | |
| QUANTITATIVE ANALYSIS | | | | | |  | | | | |  | |
| CAPSTONE PROJECT | | | | | |  | | | | |  | |
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| **SECTION C**  **APPLICANT CHECKLIST** | | | | | | | | | | | | |
| **YES** | | **NO** |  | | | | | | | | | |
|  | |  | Attach copies of course completions or transcript (Direct Program Delivery Application Requirement). | | | | | | | | | |
|  | |  | Submit Form DFS-K4-2109 Fire Officer IV Portfolio Workbook (Portfolio Assessment Application Requirement). | | | | | | | | | |
|  | |  | Attach $30 application fee **or** paid $30 application fee online. | | | | | | | | | |
|  | | | | | | | | | | | | |

**Signature of Applicant Date**

**USE OF SOCIAL SECURITY NUMBERS:** Applicant’s last four digits of the social security numbers are used by the Division of State Fire Marshal for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Financial Services, Division of State Fire Marshal, will not disclose an applicant’s last four digits of the social security number, without consent of the applicant, to anyone outside of the state agencies of Florida, except as required by law.

**Submit this application, along with the required documentation to:**

**Bureau of Fire Standards and Training**

**11655 NW Gainesville Road**

**Ocala, Florida 34482-1486**