**APPLICATION for SAFETY OFFICER CERTIFICATE OF COMPETENCY**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Safety Officer Certificate of Competency 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 # | | | |
|  | | | | | | | | |
| **APPLICANT CHECKLIST** | | | | | | | | |
| **YES** | **NO** |  | | | | | | |
|  |  | Attach copy of Incident Safety Officer Certificate of Completion. | | | | | | |
|  |  | Attach copy of Health and Safety Officer Certificate of Completion. | | | | | | |
|  |  | 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