



DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal - Bureau of Fire Standards and Training

APPLICATION FOR LIFETIME FIREFIGHTER DESIGNATION

Application for Lifetime Firefighter Designation can also be completed online at: http://FloridaStateFireCollege.org			
<i>Please type or print legibly.</i>			
NAME: LAST		FIRST	MI
HOME ADDRESS		CITY	STATE
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER ¹		E-MAIL ADDRESS	CONTACT PHONE NUMBER
STUDENT FCDICE NUMBER		FIREFIGHTER CERTIFICATION NUMBER	
VERIFICATION: TWENTY YEARS OF EXPERIENCE AS A FIREFIGHTER OR VOLUNTEER FIREFIGHTER (If needed, attach additional sheets, using the same format as on the application)			
Fire Service Agency		Years	Dates of Service
APPLICANT CHECKLIST			
YES	NO		
		Have at least 20 years of service.	
		Have been employed by a fire service provider, as defined in section 633.102(13), Florida Statutes (F.S), and is in good standing with his or her most recent fire service provider.	
		Have no conviction or other disqualifying event as described in section 633.412, F.S.	
		Is compliant with section 633.412(3), F.S.	
		Is recorded on a fire service provider roster in the Division of State Fire Marshal's online electronic database; or was previously certified as a firefighter or volunteer firefighter in the state of Florida.	

The information contained in this document is true and correct to the best of my knowledge. I understand that an issued Lifetime Firefighter designation is subject to the disciplinary actions specified in sections 633.426(3) and (4), F.S.

SIGNATURE OF APPLICANT

DATE



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PRIVACY STATEMENT REGARDING THE USE OF SOCIAL SECURITY NUMBER:

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2.a., F.S., a state agency may collect your social security number if the collection is:

- (I) specifically authorized by law; or
- (II) imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of the last four digits of your social security number on this form is voluntary and imperative for the performance of the agency's duties and responsibilities under § 633.415, F.S.

The purpose for the requested information is to verify the applicant's identity, to prevent misidentification, and to facilitate the approval process by the Division. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by §119.071(5)(a)3., F.S.

SUBMIT THIS APPLICATION TO:
BUREAU OF FIRE STANDARDS AND TRAINING
11655 NW GAINESVILLE ROAD
OCALA, FLORIDA 34482-1486