



**Department of Financial Services**  
*Division of the State Fire Marshal*

**APPLICATION FOR CERTIFICATION AS A FIREFIGHTER**  
**BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print legibly.

NAME: LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER <sup>1</sup>		TELEPHONE NUMBER	
FIRE DEPARTMENT (if employed)		DATE EMPLOYED	

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed the current application and fingerprint processing fee?<br>(Please see fee information, form DFS-K4-1019 for instructions.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed a copy of your High School Diploma?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a legal name change? If so, enclose documentation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed proof of being at least 18 years of age?<br>(Copy of drivers license or birth certificate required.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed the required medical examination? (Form DFS-K4-1022 is attached)<br>Note: The medical examination must be less than six (6) months old at the time it is received by the Bureau. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a record of conviction of a felony or a misdemeanor?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed the required Fingerprint Card completely filled out?<br>(Proper card is attached)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you submitted the notarized Personal Inquiry Waiver form?<br>(Form DFS-K4-1020 is attached)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you submitted the notarized Training Affidavit?<br>(Form DFS-K4-0000 is attached.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you completed the Firefighter One Training Course and Certification Examination?<br>Where and when will you be completing the Firefighter Two Curriculum?                                     |

If NO, please supply the name of the training center and the dates you will receive your Firefighter Minimum Recruit training?

SIGNATURE OF APPLICANT	DATE
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SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND PROCESSING FEE, TO:  
 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.