



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

**PERSONAL INQUIRY WAIVER**  
**BUREAU OF FIRE STANDARDS & TRAINING**

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_<sup>1</sup>

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

I respectfully request and authorize you to furnish the Division of State Fire Marshal, Bureau of Fire Standards and Training, any and all information that you may have concerning my work record, school record, military record, and moral character. Please include any and all information of a confidential or privileged nature, and photostats of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification as a firefighter, firesafety inspector, or other competency certification in the State of Florida.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**THIS FORM MUST BE NOTARIZED**

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

On \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ personally  
(month and day) (year) (Applicant's Name)

appeared before me and, \_\_\_\_\_ who is personally known to me, or \_\_\_\_\_ who has provided  
\_\_\_\_\_ 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.