THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

TRAINING AFFIDAVIT
BUREAU OF FIRE STANDARDS & TRAINING

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ [1]

ADDRESS: _____
STREET CITY STATE ZIP CODE

I _____ , do hereby acknowledge that my Application for Certification as a Firefighter (DFS-K4-1016), submitted to the Bureau of Fire Standards and Training on _____ (date DFS-K4-1016 was signed) cannot be executed because I have not completed the Firefighter Training Program Minimum Standards Course, nor have I successfully passed the State Examinations as required under 633.35 Florida State Statutes.

_____
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

TELEPHONE NUMBER (352) 369-2800 FAX NUMBER (352) 732-1374

[1] Please note that the social security number is not required; however, if you provide it, it will greatly assist us is assisting you.