



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal – Bureau of Fire Standards & Training

FIREFIGHTER I TRAINING EXEMPTION APPLICATION

Please type or print requested information legibly:

NAME: LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER ¹		TELEPHONE NUMBER	

I certify I have evaluated the above active volunteer firefighter and that he/she has the equivalent training in the below topics and hours and fully meets the performance objectives for Florida Firefighter 1 as published by the Bureau of Fire Standards and Training. Based upon that evaluation I request this applicant be granted an exemption per 69A-62.003 (3) (a). Upon completion please sign and return to Firefighter 1 Training Exemption Application, the Bureau of Fire Standards and Training at 11655 NW Gainesville Road, Ocala, FL 34482-1486. Be sure to keep a copy of this form for your records.

SIGNATURE OF FIRE CHIEF	TELEPHONE #		
FIRE DEPARTMENT NAME	FDID	COUNTY	
FIRE DEPARTMENT MAILING ADDRESS	CITY	STATE	ZIP CODE
FIRE CHIEF E-MAIL	FIRE DEPARTMENT E-MAIL		

SUBJECT	MINIMUM* Lecture / Drill	SUBJECT	MINIMUM* Lecture / Drill
Orientation, Apparatus and Equipment	6.5 / 0	Building Search/Victim Rescue	4.5 / 2
Fire Behavior	3.5 / 0	Ventilation	4 / 1
Portable Extinguishers	2.5 / 1	Loss Control	4.5 / 1
Personal Protective Equipment	7 / 3	Building Construction	3 / 0
Ropes/Knots	4 / 2	Fire Prevention/Public	3.5 / 1
Water Supply	3 / 2	Firefighter Safety	3.5 / 0
Ladders	4.5 / 3	Fire Alarms and Communications	4 / 0
Hose	7 / 3	First Responder	20 / 20
Fire Streams (Water)	3.5 / 2	Controlled Burning	0 / 2
Fire Control	5 / 3	Hazardous Materials (Awareness)	8 / 0
Automatic Sprinkler Systems	2 / 0	Forcible Entry	7.5 / 3

* Minimum hours required by Florida State Statutes (Total of 160 hours)

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