

**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
PERSONAL INQUIRY WAIVER**

APPLICANT'S NAME _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

ADDRESS _____
STREET CITY STATE ZIP

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

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

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
DI4-1020 REVISED 03/01 MP

BUREAU OF FIRE STANDARDS AND TRAINING

FEE INFORMATION

APPLICATION & FINGERPRINT CARD INSTRUCTIONS

All initial applications for certification received by the Bureau of Fire Standards and Training will require an **application processing fee** of THIRTY dollars (**\$30.00**). The required fee must accompany the application and is to be made payable to the "FL DEPARTMENT OF FINANCIAL SERVICES." Fees may be paid by check, money order or charge card. If paying by charge card, fill out and sign the bottom portion of this page and submit it with your application. Applications that do not require a fingerprint card may be faxed, provided payment is being made by charge card. All other applications must be mailed.

The fingerprint card is for your use in applying for Firefighter Certification or Firesafety Inspector Certification only. Fingerprints submitted on a card not provided by the Bureau of Fire Standards and Training will not be accepted.

The current **fingerprint processing fee** of SIXTY-FOUR (**\$64.00**), made payable to the "FL DEPARTMENT OF FINANCIAL SERVICES", must accompany the fingerprint card. The fingerprint processing fee and the application processing fee may be **combined** into one check for the amount of **\$94.00**.

You must take the fingerprint card to a law enforcement agency for the fingerprinting service. There may be a charge associated with the fingerprinting service.

The top portion of the fingerprint card must be complete in order for the FDLE and FBI to process the card. You are responsible for filling it out with all information applicable to you.

The following specific instructions should be followed:

- * Fingers should be washed and dried thoroughly prior to prints being taken.
- * Do not sign the fingerprint card until you are in the presence of the person who will take your fingerprints.
- * Your name, at the top of the fingerprint card, and all other information **MUST** be typed in black ink. **NO HIGHLIGHTING.**
- * The section on the fingerprint card titled "Employer and Address" should contain the name and address of the employing fire department or municipality.
- * The sections titled Date of Birth DOB, Place of Birth POB, SEX, RACE, HGT (HEIGHT), WGT (WEIGHT), EYES, and HAIR must all be filled out.

RACE *Use W for White, B for Black, A for Asian, I for Indian, etc. **DO NOT USE THE LETTER "C"**.
HGT *Use feet and inches, do not use total inches.
EYES/HAIR *To describe color of eyes and hair, use appropriate three letter code from the following list:

COLOR	CODE	COLOR	CODE
Bald	BAL	Gray	GRY
Black	BLK	Hazel	HAZ
Blond or Strawberry	BLN	Red or Auburn	RED
Blue	BLU	White	WHI
Brown	BRO		

- * The section titled citizenship CTZ is for your citizenship - U.S., Cuba, Canada, etc.
- * The section titled Armed Forces No. MNU is for your military service number if you have one.
- * The section titled Social Security No. SOC is for your social security number if you have one, and is very important.
- * You are not required to fill out the sections titled: Your No. OCA, FBI No. FBI, or Miscellaneous No. MNU.

DO NOT FOLD OR DAMAGE THE FINGERPRINT CARD IN ANY WAY.

The fingerprint card cannot be processed if it has been folded, creased or damaged.

CHARGE CARD PAYMENT INFORMATION

NOTE: If making payment by charge card, this section must be complete.
PLEASE PRINT LEGIBLY

\$ _____

SELECT CARD TYPE : ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

CARD NUMBER: _____ EXPIRATION DATE: _____

NAME OF CARD HOLDER AS IT APPEARS ON CARD (PRINT) _____

SIGNATURE: _____ DATE: _____

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

**BUREAU OF FIRE STANDARDS AND TRAINING
FIRE EQUIPMENT EXAMINATION REFERENCE LIST**

REFERENCE	EDITION	PORTABLE EXTINGUISHER LICENSEE	PORTABLE EXTINGUISHER PERMITEE	PRE-ENGINEERED SYSTEMS LICENSEE	PRE-ENGINEERED SYSTEMS PERMITEE
Chp. 633, F.S.	Latest	X	X	X	X
Chp. 4A-21 Adm. Code	Latest	X	X	X	X
NFPA 10	1998	X	X		
NFPA 96	1998			X	X
NFPA 12A	1997			X	X
NFPA 17	1998			X	X
NFPA 17A	1998			X	X
TOTAL # OF QUESTIONS		100	100	100	100