



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

Form may be completed at
www.floridastatefirecollege.org

**APPLICATION FOR
 FIRE INVESTIGATOR I CERTIFICATION EXAMINATION
 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 ¹		HOME TELEPHONE NUMBER	
FIRE DEPARTMENT (If employed)		DATE EMPLOYED	

DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE FOLLOWING 40-HOUR COURSES IS REQUIRED:

	<u>COURSE TITLE</u>	<u>TRAINING CENTER</u>	<u>DATES ATTENDED</u>
1.	FIRE CHEMISTRY		
2.	FIRE PROTECTION SYSTEMS I		
3.	BUILDING CONSTRUCTION		
4.	ORIGIN AND CAUSE		

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you enclosed the current application fee? (Please see fee information, form DFS-K4-1019 for instructions.)
<input type="checkbox"/>	<input type="checkbox"/>	Have you enclosed documentation of completing the 40-hour courses listed above? (Certificate or official College Transcript)
<input type="checkbox"/>	<input type="checkbox"/>	Have you submitted the notarized Personal Inquiry Waiver form? (Form DFS-K4-1020 is attached)

NOTE: YOUR APPLICATION MUST BE RECEIVED AT LEAST 10 BUSINESS DAYS PRIOR TO THE TEST DATE. YOU WILL RECEIVE WRITTEN CONFIRMATION OF THE TEST SITE AND DATE YOU ARE SCHEDULED TO TEST AND MUST BRING YOUR CONFIRMATION NOTICE AND PHOTO I.D. TO THE TEST SITE ON THE TEST DATE ASSIGNED.

INDICATE THE REGIONAL TEST SITE AND DATE YOU WISH TO BE ASSIGNED, ALONG WITH A 2ND AND 3RD CHOICE:

TEST SITE: _____ TEST DATE: _____
 2ND CHOICE: _____ 3RD CHOICE: _____

 SIGNATURE OF APPLICANT _____
DATE

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.

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