



DEPARTMENT OF FINANCIAL SERVICES  
STATE FIRE MARSHAL

JEFF ATWATER  
CHIEF FINANCIAL OFFICER

TO: All interested out-of-state Firefighter Certification Candidates

FROM: The Bureau of Fire Standards and Training, Challenge Review Board

SUBJECT: Firefighter One Equivalency Examination Requirements

To determine if you qualify for the Firefighter One Equivalency Examination, please submit the Firefighter One Equivalency Application, along with documentation of the basic employment training for firefighters that you have completed. Please include a cover letter from the training center you attended, attesting to the fact that you successfully completed basic training that meets or exceeds Florida's course content, both in total hours and subject matter.

Your Firefighter One Equivalency Application will be reviewed by the Challenge Review Board. If all training requirements are met, you will be mailed a notice scheduling you for the examination date of your choice. A written examination is required of all qualified persons seeking certification.

If you fail to meet the requirements, for any reason, you will receive written notification explaining why you were disapproved. You would then be required to attend a Firefighter One Course, in the State Florida, in order to be certified as a Firefighter One.

Thank you for your interest in Florida's Firefighter Certification Program.



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

**FIREFIGHTER ONE EQUIVALENCY EXAMINATION APPLICATION**  
**BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print requested information legibly.

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

EMAIL ADDRESS: \_\_\_\_\_

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 Education	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 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 STATUTE (TOTAL OF 160 HOURS) \***

**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 2<sup>ND</sup> AND 3<sup>RD</sup> CHOICE:**

TEST SITE: \_\_\_\_\_ TEST DATE: \_\_\_\_\_  
 2<sup>ND</sup> CHOICE: \_\_\_\_\_ 3<sup>RD</sup> CHOICE: \_\_\_\_\_

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

\_\_\_\_\_  
 DATE

SUBMIT THIS APPLICATION, ALONG WITH YOUR DOCUMENTATION OF TRAINING, TO THE  
 BUREAU OF FIRE STANDARDS AND TRAINING, 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

ATTENTION: CHALLENGE REVIEW BOARD

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.

<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.