



**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.



DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

FEE INFORMATION
APPLICATION & FINGERPRINT CARD INSTRUCTIONS
BUREAU OF FIRE STANDARDS & TRAINING

All initial applications for certification received by the Bureau of Fire Standards and Training will require an application processing fee of \$30.00

On-line Applications - Apply on-line at www.floridastatefirecollege.org This fee is payable on-line as part of the application process. Follow the on-line directions.

Mailed Applications - The fee must accompany the application and may be paid by check or money order payable to the "FLORIDA DEPARTMENT OF FINANCIAL SERVICES." Fees.

A completed finger print card is required for Minimum Standards, Retention, Out of State Equivalency, Special Chief's Exemption, Firesafety Inspector and Special Firesafety Inspector applications. The fee is \$64.00

Obtain a Fingerprint Card. If you apply on-line, a fingerprint card will be sent to you. If you do not apply on-line you may acquire the fingerprint card from the Bureau of Fire Standards and Training (352-369-2800, Option 3) or from your local Certified Training Center. *Fingerprints submitted on a card not provided by the Bureau of Fire Standards and Training will not be accepted.*

Fill out the card - 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 providing all information applicable to you. **See specific directions below.**

Have your fingerprints taken. You must take the fingerprint card to a law enforcement agency to be fingerprinted. *Fingers should be washed and dried thoroughly prior to prints being taken.* There may be a charge associated with having your fingerprints taken.

Pay for your fingerprint processing. Go to <http://www.fldfsprints.com> or call 888-717-5699 and pay by Master Card or Visa. Your application will not be processed until payment and the completed card has been received.

Mail your completed fingerprint card to the Bureau of Fire Standards & Training, 11655 NW Gainesville Rd, Ocala FL 34482-1486 after payment has been made.

The following specific fingerprint card instructions must be followed to ensure timely processing:

- * Your name, at the top of the fingerprint card, and all other information MUST be typed or clearly printed in black ink.
- * **Do not sign** the fingerprint card until you are in the presence of the person who will take your fingerprints
- * The section titled "Employer and Address" is not necessary
- * The section titled "Reason fingerprinted" must contain **"FIREFIGHTER CERTIFICATION CH 633.34, F.S."**
- * 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.¹
- * 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.

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DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

PERSONAL INQUIRY WAIVER
BUREAU OF FIRE STANDARDS & TRAINING

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____¹

ADDRESS: _____
STREET CITY STATE ZIP CODE

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

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

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