



**MEMBER APPLICATION FOR FIRE CODE INTERPRETATION COMMITTEE**

Please type or print legibly.

NAME: LAST FIRST MI DATE OF BIRTH

BUSINESS ADDRESS

CITY STATE ZIP

( ) - TELEPHONE NUMBER (PLEASE INCLUDE AREA CODE) E-MAIL ADDRESS

EMPLOYER (IF EMPLOYED) TELEPHONE # (PLEASE INCLUDE AREA CODE)

TO QUALIFY FOR SERVICE ON THE FIRE CODE INTERPRETATION COMMITTEE, A FIRE SAFETY INSPECTOR MUST BE CERTIFIED IN COMPLIANCE WITH FLORIDA STATUTES. Section 633.081(2) AND possess a minimum of five years experience in fire code enforcement activities verifiable through an employer or such other information as will reasonably serve to verify the experience.

ARE YOU A CERTIFIED FIRESAFETY INSPECTOR IN COMPLIANCE WITH F.S. 633.081(2), F.S.?  YES  NO

DO YOU HAVE FIVE YEARS EXPERIENCE IN THE ENFORCEMENT OF FIRE SAFETY CODES AND STANDARDS?  YES  NO

**PLEASE EXPLAIN EXPERIENCE: (INCLUDE DATES, EMPLOYERS AND CONTACT INFORMATION)**  
*(If more space is needed, please attach additional sheets.)*

**NOTE: YOUR APPLICATION MUST BE RECEIVED AND ON FILE WITH THE STATE FIRE MARSHAL AT LEAST 30 DAYS PRIOR TO YOUR ACTIVE PARTICIPATION IN A RULING OF THE FIRE CODE INTERPRETATION COMMITTEE.**  
YOU MUST RESIDE WITHIN THE EMERGENCY RESPONSE REGION TO WHICH YOU ARE ASSIGNED TO REPRESENT. YOUR HOME ZIP CODE WILL BE USED FOR THIS DETERMINATION.

**HOME ZIP CODE:** \_\_\_\_\_

SIGNATURE OF APPLICANT DATE

SUBMIT THIS APPLICATION ONLY TO: **Division of State Fire Marshal, Informal Interpretations Program, Bureau of Fire Prevention, 200 East Gaines Street, Tallahassee, Florida 32399-0342.**

**FOR INTERNAL USE ONLY:**  
**DATE ASSIGNED:** \_\_\_\_\_  
**REGION:** \_\_\_\_\_