In compliance with Section 633. 537, Florida Statutes, application is hereby made for approval of the following course or courses as satisfying the continuing education requirements for fire protection system contractors.

1. Full Name: 
   Last First Middle

2. Home Address: 
   Number Street 00000
   City State Zip Code:

3. Employers Business Address: 
   Number Street 00000
   City State Zip Code:

4. Business Telephone Number: (000) 000-0000

5. Current Fire Protection System Contractor License Number: __________________________

6. Date of Initial Licensure: __________________________

7. Date Continuing Education Due: __________________________

Describe on the reverse side of this form, the courses you are submitting to satisfying the continuing education requirements of Section 633.537, Florida Statutes. Provide proof of completion by attaching a copy of the course certificate, which indicates the course title, course approval number, course hours as well as the date the course was completed). Do no send your original certificate; this office will not return the material received.

A list of approved courses may be obtained from: Regulatory Licensing Section
200 East Gaines Street
Tallahassee, FL 32399-0342

***THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED****
Fire Protection System Contractors must submit evidence of continuing education as a condition of renewal. Continuing education is required as follows:

- Fire Protection System Contractor I, II or III = 32 hours
- Fire Protection System Contractor IV = 14 hours
- Fire Protection System Contractor V = 14 hours (1 hour of which must be in fire protection discipline)

The continuing education course or combination of courses shall be related to the scope of license held, and must have been approved by the State Fire Marshal, to be acceptable for submission.

All licenseholders must complete one hour of workplace safety, one hour of business practices and one hour of worker’s compensation as part of the continuing education for license renewal period.

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<th>Course Title</th>
<th>Course Number</th>
<th>Contact Hours</th>
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<th>Location Taken</th>
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I understand that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties is guilty of a misdemeanor of the second degree, pursuant to Section 837.06, Florida Statutes.

Signature: __________________________________________

Print Name: ________________________________________

Date: ____________________________________________