



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 #: 000-00-0000 ¹

ADDRESS: _____
STREET CITY STATE ZIP CODE 00000

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

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