



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

**APPLICATION FOR SINGLE COURSE EXEMPTION  
 INSTRUCTOR CERTIFICATION  
 BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print legibly.

NAME: LAST	FIRST	MI
HOME ADDRESS	CITY	STATE
000-00-0000		00000
SOCIAL SECURITY NUMBER <sup>1</sup>		ZIP CODE
		(000) 000-0000
		TELEPHONE NUMBER
		(000) 000-0000
EMPLOYER		TELEPHONE NUMBER

SINGLE COURSE EXEMPTION FOR THE FOLLOWING COURSE: \_\_\_\_\_  
 (PLEASE SEE THE FLORIDA STATE FIRE COLLEGE COURSE CATALOG OR VISIT OUR WEBSITE FOR COURSE TITLES)

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE

- | <u>YES</u>               | <u>NO</u>                |                                                                                                                                       |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed a letter requesting this exemption with a detailed description of your credentials or experience for consideration? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed evidence documenting your expertise (experience and/or education) in the subject area you wish to teach?            |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed documentation of completing the 40-hour Fire Service Course Delivery course or equivalent?                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you submitted the notarized Personal Inquiry Waiver form?<br>(Form DFS-K4-1020 is attached)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you enclosed the current application fee?<br>(Please see Fee Information, form DFS-K4-1019 for instructions)                     |

\_\_\_\_\_  
 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.

<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.