



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

**NOTICE OF EMPLOYMENT AS A FIREFIGHTER
BUREAU OF FIRE STANDARDS & TRAINING**

FIREFIGHTER'S NAME: _____ SS#: 000-00-0000 ¹

MAILING ADDRESS: _____ 00000
PO BOX OR STREET ADDRESS CITY STATE ZIP CODE

TELEPHONE #: (000) 000-0000 DATE OF BIRTH: _____

CERTIFICATE OF COMPLIANCE #: _____ ISSUE DATE: _____

IF NOT YET CERTIFIED, IDENTIFY TRAINING CENTER TO BE ATTENDED & DATES:

TRAINING CENTER TO BE ATTENDED DATES OF TRAINING

FIRE DEPARTMENT: _____

DATE OF EMPLOYMENT: _____

FIRE CHIEF: _____ TELEPHONE #: (000) 000-0000

ADDITIONAL INFORMATION REQUIRED IF MORE THAN THREE (3) YEARS HAVE ELAPSED SINCE;

- A) PREVIOUS FIRE SERVICE EMPLOYMENT AND CURRENT EMPLOYMENT,
- B) ISSUE DATE OF CERTIFICATE OF COMPLIANCE AND CURRENT EMPLOYMENT DATE,

THE FIREFIGHTER MUST SUBMIT DOCUMENTATION, ALONG WITH THIS NOTICE, OF BEING IN COMPLIANCE WITH FLORIDA STATUTE 633.352, WHICH STATES, "RETENTION OF FIREFIGHTER CERTIFICATION. ANY CERTIFIED FIREFIGHTER WHO HAS NOT BEEN ACTIVE AS A FIREFIGHTER OR AS A VOLUNTEER FIREFIGHTER WITH AN ORGANIZED FIRE DEPARTMENT, FOR A PERIOD OF THREE (3) YEARS SHALL BE REQUIRED TO RETAKE THE PRACTICAL PORTION OF THE MINIMUM STANDARDS STATE EXAMINATION SPECIFIED IN RULE 4A-37.056(6)(B), FLORIDA ADMINISTRATIVE CODE, IN ORDER TO MAINTAIN HIS CERTIFICATION AS A FIREFIGHTER; HOWEVER, THIS REQUIREMENT DOES NOT APPLY TO STATE CERTIFIED INSTRUCTORS, AS DETERMINED BY THE DIVISION. THE 3-YEAR PERIOD BEGINS ON THE DATE THE CERTIFICATE OF COMPLIANCE IS ISSUED OR UPON TERMINATION OF SERVICE WITH AN ORGANIZED FIRE DEPARTMENT."

SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT

DATE

NOTE: THIS FORM IS TO BE COMPLETED AND MAILED WITHIN TEN (10) BUSINESS DAYS
AFTER DATE OF EMPLOYMENT TO:
BUREAU OF FIRE STANDARDS AND TRAINING, 11655 NW GAINESVILLE ROAD, OCALA, FLORIDA 34482-1486

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