APPLICATION FOR PRACTICAL EXAMINATION FOR RETENTION OF FIREFIGHTER CERTIFICATION
BUREAU OF FIRE STANDARDS & TRAINING

Please type or print legibly.

NAME: ____________________________  LAST  FIRST  MI

HOME ADDRESS                      CITY  STATE  ZIP CODE

SOCIAL SECURITY NUMBER:_________  TELEPHONE NUMBER:_________

FIRE DEPARTMENT (if employed)          DATE EMPLOYED

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE

YES  NO
☐  ☐ Have you enclosed the current application fee?
   (Please see fee information, form DFS-K4-1019 for instructions.)

☐  ☐ Have you enclosed the required Medical Examination?
   (Form DFS-K4-1022 attached)

   Note: The Medical Examination must be less than six (6) months old at the time it is
   received by the Bureau of Fire Standards.

☐  ☐ Have you submitted the notarized Personal Inquiry Waiver form?
   (Form DFS-K4-1020 is attached)

☐  ☐ Have you had a legal name change since your original certification?
   If so, enclose documentation.

☐  ☐ Have you included the candidate fingerprint receipt?

NOTE: This examination is only offered at the Florida State Fire College in Ocala.
Your application must be received at least 30 business days prior to the test date.

PLEASE INDICATE THE REGIONAL TEST MONTH YOU WISH TO BE TESTED

TEST SITE: Florida State Fire College  TEST DATE: (circle one)  February  May  September  November

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

1 Please note that the social security number is necessary due to the fingerprint requirement.