APPLICATION FOR
FIRE AND LIFESAFETY EDUCATOR CERTIFICATION EXAMINATION
BUREAU OF FIRE STANDARDS & TRAINING

Please type or print legibly.

NAME:  LAST     FIRST     MI     DATE OF BIRTH

HOME ADDRESS:   CITY    STATE    ZIP CODE

SOCIAL SECURITY NUMBER

HOME TELEPHONE NUMBER

FIRE DEPARTMENT (If employed)

DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE FOLLOWING COURSES IS REQUIRED:

<table>
<thead>
<tr>
<th>COURSE TITLE</th>
<th>TRAINING CENTER</th>
<th>DATES ATTENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. FIRE &amp; LIFESAFETY EDUCATOR I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(40 Hours)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. FIRE &amp; LIFESAFETY EDUCATOR II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24 Hours)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 documentation of completing the courses listed above?
(Certificate or official College Transcript)

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

NOTE: YOUR APPLICATION MUST BE RECEIVED AT LEAST 10 BUSINESS DAYS PRIOR TO THE TEST DATE. YOU WILL RECEIVE WRITTEN CONFIRMATION OF THE TEST SITE AND DATE YOU ARE SCHEDULED TO TEST AND MUST BRING YOUR CONFIRMATION NOTICE AND PHOTO I.D. TO THE TEST SITE ON THE TEST DATE ASSIGNED.

INDICATE THE REGIONAL TEST SITE AND DATE YOU WISH TO BE ASSIGNED, ALONG WITH A 2ND AND 3RD CHOICE:

TEST SITE: ___________________________    TEST DATE: ___________________________

2ND CHOICE: ___________________________    3RD CHOICE: ___________________________

__________________________________   __________________________
SIGNATURE OF APPLICANT               DATE

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND PROCESSING FEE, TO THE 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 accommodations, please advise us at least seven calendar days prior to test date by contacting our ADA Compliance Officer at (352) 369-2800.

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