



DEPARTMENT OF FINANCIAL SERVICES

Division of State Fire Marshal
Bureau of Fire Standards & Training

APPLICATION for FIRE OFFICER III CERTIFICATION

Application for Fire Officer III Certification can also be completed online at: www.floridastatefirecollege.org

Please type or print legibly.

NAME: LAST				FIRST				MI				DATE OF BIRTH											
HOME ADDRESS:								CITY				STATE				ZIP CODE							
SOCIAL SECURITY NUMBER ¹ (LAST FOUR NUMBERS)								E-MAIL ADDRESS								CONTACT PHONE NUMBER							
STUDENT FCDICE #								FIREFIGHTER CERTIFICATION #								INSTRUCTOR CERTIFICATION #							
<input type="checkbox"/> APPLICATION: DIRECT PROGRAM DELIVERY (Complete all sections below)												<input type="checkbox"/> APPLICATION: PORTFOLIO ASSESSMENT (Complete <u>Section A</u> & <u>Section C</u> below)											

SECTION A

VERIFICATION: FIVE YEARS OF EXPERIENCE AS A FIRE OFFICER

Please complete the following:

<u>Fire Service Agency</u>	<u>Years of Service</u>

SECTION B

VERIFICATION OF COURSE COMPLETION

Attach a course completion certificate or college transcript for each of the following courses:

<u>Required Courses:</u>	<u>Provider</u>	<u>Dates Attended</u>
ICS-400: ADVANCED ICS COMMAND AND GENERAL STAFF: COMPLEX INCIDENTS		
COURAGE TO BE SAFE		
CHIEF OFFICER		
ANALYTICAL APPROACHES IN PUBLIC FIRE PROTECTION		
LEGAL AND ETHICAL ISSUES FOR THE FIRE SERVICE		

SECTION C

APPLICANT CHECKLIST

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Attach copies of course completions or transcript (Direct Program Delivery Application Requirement).
<input type="checkbox"/>	<input type="checkbox"/>	Submit Form DFS-K4-2108 Fire Officer III Portfolio Workbook (Portfolio Assessment Application Requirement).
<input type="checkbox"/>	<input type="checkbox"/>	Attach \$30 application fee <u>or</u> paid \$30 application fee online.

SIGNATURE OF APPLICANT

DATE

¹ **USE OF SOCIAL SECURITY NUMBERS:** Applicant's last four digits of the social security numbers are used by the Division of State Fire Marshal for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Financial Services, Division of State Fire Marshal, will not disclose an applicant's last four digits of the social security number, without consent of the applicant, to anyone outside of the state agencies of Florida, except as required by law.

**SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION TO:
BUREAU OF FIRE STANDARDS AND TRAINING
11655 NW GAINESVILLE ROAD
OCALA, FLORIDA 34482-1486**