

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

FIREFIGHTER'S NAME:	SS#: <u>000</u> -	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	i:	
IF NOT YET CERTIFIED, IDENTIFY TRAINING CENTER TO BE	ATTENDED & DATES:		
TRAINING CENTER TO BE ATTENDED		DATES OF TRA	AINING
FIRE DEPARTMENT:			
DATE OF EMPLOYMENT:		(222) 222 24	
FIRE CHIEF:	TELEPHONE #:	(000) 000-00	000
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 WITH AN ORGANIZED FIRE DEPARTMENT, FOR A PERIOR RETAKE THE PRACTICAL PORTION OF THE MINIMUM STAN 37.056(6)(B), FLORIDA ADMINISTRATIVE CODE, IN ORDER THOWEVER, THIS REQUIREMENT DOES NOT APPLY TO STATE DIVISION. THE 3-YEAR PERIOD BEGINS ON THE DAT UPON TERMINATION OF SERVICE WITH AN ORGANIZED FIRE	A FIREFIGHTER OR AS DD OF THREE (3) YEA IDARDS STATE EXAMIN TO MAINTAIN HIS CERT TATE CERTIFIED INSTRI TE THE CERTIFICATE O	S A VOLUNTEER RS SHALL BE I IATION SPECIFIE IFICATION AS A UCTORS, AS DE	FIREFIGHTER FEQUIRED TO FED IN RULE 4A-FIREFIGHTER; TERMINED BY
SIGNATURE OF FIRE CHIEF OR AUTHORIZED AGENT	D <i>i</i>	ATE	_
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.