PRELIMINARY EQUIVALENCY APPLICATION FIREFIGHTER MINIMUM CURRICULUM REQUIREMENTS BUREAU OF FIRE STANDARDS & TRAINING

Please type or print requested information legibly.

NAME: LAST		FIRST		MI
				00000
HOME ADDRESS	CITY	5	STATE	ZIP CODE
000-00-0000			(000) 000-0000	
SOCIAL SECURITY NUMBER ¹			TELEPHONE NUMBI	ER
FIRE DEPARTMENT (if employed)			DATE EMPLOYED	

SUBJECT	MINIMUM *	SUBJECT	MINIMUM * 09
Orientation	06.5	Ventilation	
Water Supply	05	Forcible Entry	12.5
Ladders	19.5	Hose	29
Fire Streams Foam	09	Fire Streams Water	05.5
Rescue & Extrication	29	Fire Control	29.5
Hazardous Materials Awareness	08	Hazardous Materials Operations Level	16
Ropes & Knots	12	Building Construction	05.5
Loss Control	09.5	Controlled Burns	18
First Responder	40	Physical Fitness	08
Fire Cause & Determination	03	Fire Alarms & Communication	07.5
Personal Protective Equipment	15	Automatic Sprinkler Systems	05.5
Prevention & Public Education	10	Fire Behavior	03.5
Portable Extinguishers	03.5	Firefighter Safety	03.5
Implementing An Incident Management System	02.5	Building Search & Victim Removal	10.5
Review	12	Examinations	12

* MINIMUM HOURS REQUIRED BY FLORIDA STATE STATUTE (360 HOURS) *

SUBMIT THIS APPLICATION, ALONG WITH YOUR DOCUMENTATION OF TRAINING, TO THE:

BUREAU OF FIRE STANDARDS AND TRAINING ATTENTION: CHALLENGE REVIEW BOARD 11655 NW GAINESVILLE ROAD OCALA, FLORIDA 34482-1486

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