



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

APPLICATION for SAFETY OFFICER CERTIFICATE OF COMPETENCY

Application for Safety Officer Certificate of Competency can also be completed online at: www.floridastatefirecollege.org			
<i>Please type or print legibly.</i>			
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 #	
<u>APPLICANT CHECKLIST</u>			
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Attach copy of Incident Safety Officer Certificate of Completion.	
<input type="checkbox"/>	<input type="checkbox"/>	Attach copy of Health and Safety Officer Certificate of Completion.	
<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