

**DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING
APPLICATION FOR
PORTABLE EXTINGUISHER EXAMINATION**

Please type or print legibly.

| | | | | |
|------------------------|------|--|-------|---------------|
| NAME: | LAST | FIRST | MI | DATE OF BIRTH |
| HOME ADDRESS | | CITY | STATE | ZIP |
| SOCIAL SECURITY NUMBER | | TELEPHONE # (PLEASE INCLUDE AREA CODE) | | |

DOCUMENTATION OF SUCCESSFUL COMPLETION OF THE FOLLOWING
40-HOUR COURSE IS REQUIRED:

| | <u>COURSE TITLE</u> | <u>TRAINING CENTER</u> | <u>DATES ATTENDED</u> |
|----|---|------------------------|-----------------------|
| 1. | Fire Extinguisher Certification (FSFC Course #708) | _____ | _____ |

ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE

YES NO

___ ___ ARE YOU APPLYING FOR A PORTABLE EXTINGUISHER **LICENSEE** EXAMINATION?

___ ___ ARE YOU APPLYING FOR A PORTABLE EXTINGUISHER **PERMITTEE** EXAMINATION?

___ ___ IS THIS YOUR FIRST TIME TAKING THIS EXAMINATION?

___ ___ HAVE YOU ENCLOSED DOCUMENTATION OF COMPLETING THE 40-HOUR COURSE LISTED ABOVE? (CERTIFICATE OR OFFICAL COLLEGE TRANSCRIPT.)

___ ___ HAVE YOU ENCLOSED THE \$50.00 (NON-REFUNDABLE) APPLICATION PROCESSING FEE, PAYABLE TO THE FLORIDA DEPARTMENT OF FINANCIAL SERVICES?

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 N. W. GAINESVILLE ROAD, OCALA FL 34482-1486

PLEASE NOTE:
PURSUANT TO THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT, ANY PERSON NEEDING SPECIAL ACCOMODATIONS, PLEASE ADVISE US AT LEAST SEVEN CALENDAR DAYS PRIOR TO TEST DATE BY CONTACTING OUR ADA COMPLIANCE OFFICER AT (352) 369-2800.

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