



**THE DEPARTMENT OF FINANCIAL SERVICES**  
*Division of the State Fire Marshal*

**APPLICATION FOR FIRESAFETY INSPECTOR I CERTIFICATION EXAMINATION**  
**BUREAU OF FIRE STANDARDS & TRAINING**

Please type or print legibly.

NAME: LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS:	CITY	STATE	00000 ZIP CODE
000-00-00000			(000) 000-0000
SOCIAL SECURITY NUMBER <sup>1</sup>			TELEPHONE NUMBER
			(000) 000-0000
FIRE DEPARTMENT (if employed)			TELEPHONE NUMBER

**IN ORDER TO QUALIFY FOR FIRESAFETY INSPECTOR CERTIFICATION, ONE MUST BE IN COMPLIANCE WITH FLORIDA STATUTES.** Section 633.081(2)(b) states: "Not have been found guilty of, or having pleaded guilty or nolo contendere to, a felony or a crime punishable by imprisonment of 1 year or more under the law of the United States, or of any State thereof, which involves moral turpitude, without regard to whether a judgment of conviction has been entered by the court having jurisdiction of such cases."

**ARE YOU IN COMPLIANCE WITH F.S. 633.081(2)(B)?**     **YES**                       **NO**

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

<u>COURSE TITLE</u>	<u>TRAINING CENTER</u>	<u>DATES ATTENDED</u>
1. BUILDING CONSTRUCTION	_____	_____
2. CODES AND STANDARDS	_____	_____
3. FIRE PREVENTION PRACTICES	_____	_____
4. PRIVATE FIRE PROTECTION SYSTEMS	_____	_____
5. BLUE PRINT READING & PLANS EXAM	_____	_____

**ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE SPACE**

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Have you enclosed the current application fee? (Please see fee information, form DFS-K4-1019 for instructions)
<input type="checkbox"/>	<input type="checkbox"/>	Have you enclosed documentation of completing the 40-hour courses listed above? (Certificate or official College Transcript)
<input type="checkbox"/>	<input type="checkbox"/>	Have you enclosed the required Fingerprint Card completely filled out? (Proper card is attached)
<input type="checkbox"/>	<input type="checkbox"/>	Have you submitted the notarized Personal Inquiry Waiver form? (Form DFS-K3-1020 is attached)
<input type="checkbox"/>	<input type="checkbox"/>	Have you submitted a copy of your High School Diploma?

**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 2<sup>ND</sup> AND 3<sup>RD</sup> CHOICE:**

TEST SITE: \_\_\_\_\_ TEST DATE: \_\_\_\_\_  
 2<sup>ND</sup> CHOICE: \_\_\_\_\_ 3<sup>RD</sup> CHOICE: \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF APPLICANT \_\_\_\_\_  
DATE

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

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.

<sup>1</sup> Please note that the social security number is not required; however, if you provide it, it will greatly assist us in assisting you.