



CERTIFICATION RENEWAL APPLICATION
BUREAU OF FIRE STANDARDS & TRAINING

TYPE OR PRINT LEGIBLY

FIREFIGHTER'S NAME: _____ SS#: _____ ¹

MAILING ADDRESS: _____
PO BOX OR STREET ADDRESS CITY STATE ZIP CODE

EMPLOYING AGENCY: _____

CURRENT POSITION HELD: _____

BUSINESS PHONE #: _____ HOME PHONE: _____

CERTIFICATE RENEWAL FOR: _____ CERTIFICATE NUMBER: _____

EXPIRATION DATE: _____

List the Courses, Seminars or Conferences, minimum of forty (40) hours required, conducive to your certification, which you have attended and completed during your three (3) year certification period.

Enclose copies of certificates along with the required renewal fee of \$15.00 made payable to the "Florida Department of Financial Services."

If you have not completed the required training, you may elect to test prior to the expiration of your certification, at a Regional Testing Site. This form, along with the renewal fee must be received by the Bureau of Fire Standards and Training, 11655 NW Gainesville Road, Ocala, Florida 34482-1486 no less than 10 business days prior to the scheduled examination date.

Indicate Regional Testing Site and Date: _____

Pursuant to the provisions of the Americans with Disability Act, any person needing special accommodations, please advise us at least seven calendar days prior to test date by contacting our ADA Compliance Officer at (352) 369-2800.

THIS FORM MUST BE NOTARIZED

I, _____, do hereby affirm that the information contained in this application and all attached documents are true and correct to the best of my knowledge.

Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged by me this _____ day of _____, 20

by _____ who is personally known to me, or _____ who has provided
(Name of Person Acknowledged)

_____ as identification.

Notary Public Signature

Commission expires: _____

PLEASE AFFIX SEAL ABOVE

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