

APPLICATION FOR FIRE AND LIFESAFETY EDUCATOR CERTIFICATION EXAMINATION BUREAU OF FIRE STANDARDS & TRAINING

Please type or print legibly.

| NAME: L | ASI | | | DATE OF DIDTI | |
|-------------------------------------|--|--|--|---|--|
| | | FIRST | MI | DATE OF BIRTH | |
| HOME AD | DRESS: | CITY | STATE | 00000 ZIP CODE | |
| 000-00-00 | | 0111 | (000) 000-0000 | 211 0002 | |
| SOCIAL SECURITY NUMBER ¹ | | | HOME TELEPHONE NUMBER | | |
| | | | (000) 000-0000 | | |
| FIRE DEPARTMENT (If employed) | | | FIRE DEPARTMENT TELEPHONE NUMBER | | |
| DOCUMEN | ITATION O | F SUCCESSFUL COMPLET | ION OF THE FOLLOWING CO | OURSES IS REQUIRED: | |
| COURSE TITLE | | | TRAINING CENTER | DATES ATTENDED | |
| 1. FIRE | & LIFESAF | ETY EDUCATOR I | 9 | ^ | |
| (40 H | ours) | | | | |
| 2. FIRE | & LIFESAF | ETY EDUCATOR II | | | |
| (24 H | ours) | | | | |
| | ANSWER | THE FOLLOWING OUESTIC | ONS BY CHECKING THE APP | ROPRIATE SPACE | |
| YES | NO | THE COLLOWING GOLOTI | 0110 D1 0.1E01(1110 111E7(11 | TO THE OF THE | |
| <u></u> | | Have you analoged the out | rrent application for? | | |
| | | | ve you enclosed the current application fee? ease see fee information, form DFS-K4-1019 for instructions.) | | |
| | | Have you enclosed documentation of completing the courses listed above? (Certificate or official College Transcript) | | | |
| | Have you submitted the notaraized Personal Inquiry Waiver form? (Form DFS-K4-1020 is attached) | | ver form? | | |
| YO TO | U WILL RE | CEIVE WRITTEN CONFIRM | MATION OF THE TEST SITE A | DAYS PRIOR TO THE TEST DATE. AND DATE YOU ARE SCHEDULED HOTO I.D. TO THE TEST SITE ON | |
| INDICATE TH | E REGIONAL | TEST SITE AND DATE YOU WISH | TO BE ASSIGNED, ALONG WITH A | 2 ND AND 3 RD CHOICE: | |
| TEST SITE: | | | TEST D | ATE: | |
| 2 ND CHOIC | E: | | | | |
| • | , | | | | |
| | SIGNAT | URE OF APPLICANT | was a same | DATE | |

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND PROCESSING FEE, TO THE 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.

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