

APPLICATION FOR FIRESAFETY INSPECTOR II CERTIFICATION BUREAU OF FIRE STANDARDS & TRAINING

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NAME:	LAST	FIRST	MI	DATE OF BIRTH
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HOME	ADDRESS:	CITY	STATE	ZIP CODE
000-00-			(000) 000-0	
SOCIA	L SECURITY	NUMBER'		EPHONE NUMBER
FIRE D	EDARTMENT	Γ (If employed)	(000) 000-0	RTMENT TELEPHONE NUMBER
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DOCUM	ENTATION C	F SUCCESSFUL COM	PLETION OF THE FOLLOW	ING 40-HOUR COURSES IS REQUIRE
	URSE TITLE		TRAINING CEN	
1. FIR	RE CHEMISTI	8Y		
		ION SYSTEMS II		-
3. OR	IGIN AND CA	AUSE		
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2. PU	BLIC INFORM	MATION OFFICER		
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YES	NO	Have you enclosed the	e current application fee?	
لـــا			ation, form DFS-K4-1019 for	instructions.)
		Have you enclosed do	ocumentation of completing the	ne 40-hour courses listed above?
<u></u>		(Certificate or official (ie 40-flour courses listed above?
		Have you submitted th	o notoroized Derechal Inquir	Waiyar farm?
Ш		(Form DFS-K4-1020 is	ne notaraized Personal Inquir s attached)	y waiver form?
		,	,	
	SIGN	ATURE OF APPLICANT	Г	DATE
	CLIDAAIT TI	HIS ADDITIONAL ALONG W	VITH THE DEALIBED DOOL WENT	FATION AND DROCESSING FEE TO:

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 accomposations, 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.