



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

**APPLICATION for HEALTH & SAFETY OFFICER CERTIFICATE OF COMPLETION**

|   |                             |   |               |
|---|-----------------------------|---|---------------|
| Application for Health & Safety Officer Certificate can also be completed online at: <a href="http://www.floridastatefirecollege.org">www.floridastatefirecollege.org</a> |                             |   |               |
| <i>Please type or print legibly.</i>  |                             |   |               |
| NAME: LAST  | FIRST                       | MI  | DATE OF BIRTH |
| HOME ADDRESS:   | CITY                        | STATE   | ZIP CODE      |
| SOCIAL SECURITY NUMBER <sup>1</sup><br><small>(LAST FOUR NUMBERS)</small>   | E-MAIL ADDRESS              | CONTACT PHONE NUMBER  |               |
| STUDENT FCDICE #  | FIREFIGHTER CERTIFICATION # |   |               |
| <b><u>VERIFICATION OF COURSE COMPLETION</u></b>   |                             |   |               |
| Attach a course completion certificate or college transcript for each of the following courses:   |                             |   |               |
| <b><u>Required Courses:</u></b>   | <b><u>Provider</u></b>      | <b><u>Dates Attended</u></b>  |               |
| COURAGE TO BE SAFE  |                             |   |               |
| LEGAL ISSUES FOR SAFETY OFFICERS  |                             |   |               |
| FLORIDA HEALTH AND SAFETY OFFICER   |                             |   |               |
| <b><u>APPLICANT CHECKLIST</u></b>   |                             |   |               |
| YES   | NO                          |   |               |
| <input type="checkbox"/>  | <input type="checkbox"/>    | Attach copies of course completions or transcript.                      |               |
| <input type="checkbox"/>  | <input type="checkbox"/>    | Submit Form DFS-K4-2138 "Health and Safety Officer Task Book".          |               |
| <input type="checkbox"/>  | <input type="checkbox"/>    | Attach \$30 application fee <u>or</u> paid \$30 application fee online. |               |

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

<sup>1</sup>**USE OF SOCIAL SECURITY NUMBERS:** Applicant's last four digits of the social security numbers are used by the Division of State Fire Marshal for identification purposes, to prevent misidentification, and to facilitate the approval process by the Division. The Department of Financial Services, Division of State Fire Marshal, will not disclose an applicant's last four digits of the social security number, without consent of the applicant, to anyone outside of the state agencies of Florida, except as required by law.

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