

**FIREFIGHTER I TRAINING RECORD – APPLICATION FOR COMPETENCY EXAMINATION
BUREAU OF FIRE STANDARDS & TRAINING**

Applicant's Name: _____ Social Security No¹: _____
 Mailing Address: _____ CITY: _____ ZIP CODE: _____
 Telephone #: _____ Date of Birth: _____
 Date Program Began: _____ Date Program Completed: _____

INSTRUCTORS: PLEASE PRINT LEGIBLY

SUBJECT	LECTURE HOUR	DRILL HOUR	ESSENTIALS CHAPTER	DATE COMPLETED	PRACTICAL EVALUATOR INITIALS	TRAINEE INITIALS	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S CERTIFICATE NO.
Organization / Orientation	3:30	0:00	1A		XXXXXXX			
Basic ICS w / Florida Emergency Response Plan	1:00	0:00	FSFC		XXXXXXX			
Apparatus and equipment	2:00	0:00	FSFC		XXXXXXX			
Safety	3:30	0:00	1B		XXXXXXX			
First Responder (D.O.T.) / including CPR	20:00	20:00	Brady					
Haz-Mat Awareness	8:00	0:00	IRHMI		XXXXXXX			
Fire Behavior	3:30	0:00	2		XXXXXXX			
Building Construction	3:00	0:00	3		XXXXXXX			
Personal Protective Clothing / Equipment	3:00	:30	4A					
Personal Protective Clothing / Equipment	4:00	2:30	4B					
Portable Extinguishers	2:30	1:00	5					
Ropes, Knots	4:00	2:00	6					
Building Search & Victim Removal	4:30	2:00	7					
Tools and Equipment / Forcible Entry	3:00	1:00	8A					
Tools and Equipment / Forcible Entry	4:30	2:00	8B					
Ladders	4:30	3:00	9					
Ventilation	4:00	1:00	10					

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



THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

Applicant's Name: _____

Social Security No²: 000-00-0000

INSTRUCTORS: PLEASE PRINT LEGIBLY

SUBJECT	LECTURE HOUR	DRILL HOUR	ESSENTIALS CHAPTER	DATE COMPLETED	PRACTICAL EVALUATOR INITIALS	TRAINEE INITIALS	INSTRUCTOR'S SIGNATURE	INSTRUCTOR'S CERTIFICATE NO.
Water Supply	3:00	2:00	11					
Hose	3:00	1:30	12A					
Hose	4:00	1:30	12B					
Fire Streams	3:30	2:00	13					
Fire Control	5:00	3:00	14					
Fire Protection Systems, Spkrs-Stdps	2:00	0:00	15		XXXXXXX			
Loss Control / Salvage and Overhaul	4:30	1:00	16 / 17					
Communication and Alarms	4:00	0:00	18		XXXXXXX			
Public Fire Education and Prevention	3:30	1:00	19					
Controlled Burn	0:00	2:00						
Total Course Hours: 160	111:00	49:00						

Upon completion of the required 160 hours of training, submit this form, completely filled out and signed to the:
 Bureau of Fire Standards and Training, 11655 NW Gainesville Road, Ocala, Florida 34482-1486
 Be sure to keep a copy of this form for your records.

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 2ND AND 3RD CHOICE:

TEST SITE: _____ TEST DATE: _____

2ND CHOICE: _____ 3RD CHOICE: _____

Signature of Applicant: _____ Date: _____