ENGLEWOOD FIRE TRAINING CENTER

FIREFIGHTER I & II APPLICATION

HEADQUARTERS / REGISTRATION
579 S. Indiana Avenue, Unit B-1
Englewood, FL 34223
(Hours: Monday-Friday, 8am- 4pm)

TRAINING CENTER
13400 Haligan Way
Englewood, FL 34223

(941) 474-3311
(941) 473-2600 Fax
www.Englewood-Fire.com
kpowell@englewood-fire.com

NAME: _____
(Last, First)

FIRETRAQ ID #: _____

IMPORTANT DATES FOR CLASS 127

10/07/2026	Wednesday – Application packages available on the website and/or Administration office.
12/02/2026	Wednesday– Completed Applications due by 12:00pm - **Return to EFD Headquarters Office.**
12/14/2026	Monday – *Practice Ability Course*, 9:00am ($25) to participate. **Pre-register on EFTC website.**
12/18/2026	Friday – Ability Test, 9:00am at the **Englewood Fire Training Center**
12/21/2026	Monday - **Mandatory Meeting**, 5:00pm. (Registering & Fitting for Gear) at the **EFTC campus.**
01/04/2027	Monday – First Day of Class at 5:00pm.

APPLICATION CHECKLIST *(No Applications will be accepted unless this checklist is fulfilled)*

***** A Notary is available at the Headquarters Office, please call ahead for availability*****

1. _____**Application Page** (Completed)
2. _____**Separation Agreement** (Signed & Dated)
3. _____**No Refunds Acknowledgement** (Signed & Notarized)
4. _____**Indemnity & Hold Harmless Agreement** (Signed & Dated)
5. _____**VFIS Annual Medical Statement** (Completed, Signed & Dated)
6. _____**Application for Firefighter's Certification Examination (STATE FORM DFS-K4-1016)**
   (Completed with attachments, Signed & Dated)
7. _____**Personal Inquiry Waiver (STATE FORM DFS-K4-1020)** (Completed, Signed & Notarized)
8. _____**Medical Examination to Determine Fitness (STATE FORM DFS-K4-1022)** **(Completed & Signed by Physician)**
9. _____**Signed Tobacco Affidavit** (Completed, Signed & Notarized)
10. _____**Copy of High School Diploma** (Transcripts and/or College Degrees are also acceptable)
11. _____**Copy of Driver's License & Health Insurance card** *(preferred, not required)* .
12. _____**Copy of EMT card** *(if applicable)*
13. _____**Create FireTRAQ Student Registration** / Student ID *(Instructions attached)*
14. _____**Copy of Receipt for Electronic Fingerprinting & Background Check – ORI Number FL920780Z**
    (Instructions and Resources attached)
15. _____**Completed Online Course Requirements *Need printed certificates** (Instructions/Links attached)

ENGLEWOOD FIRE TRAINING CENTER
COST SHEET

FIRE FIGHTER I & II TUITION		
Tuition (492 Hours)	Instructor & Incidentals	$3700.00
Books	Jones & Bartlett 4th Edition Package	$175.00
Uniform	Class A shirt & Gym clothes	$65.00
Fit Test	Fitting the SCBA mask	$35.00
Webbing	Webbing	$25.00
Capstone (53 Hours)	Added hours	$500.00
	TOTAL	**$4500.00**

TUITION IS NON-REFUNDABLE

<u>TERMS OF TUITION</u> - Cost of tuition is $4500. All costs/fees will be paid to the E.F.T.C. in the form of check, cash or money order. If you wish to use a credit card a processing fee of $200.00 will be applied. Any returned checks will be charged an administrative fee of $35.00.
TUITION DEADLINE: JANUARY 8, 2027.

OUTSIDE / OTHER COSTS (Student Responsibility) --- Fittings are performed at Mandatory Meeting ---	
Fire Boots, Gloves & Hood	$375.00
Gear Rental / Coats, Pants, Suspenders & Helmet	$765.00
SCBA Rental / Mask, Harness & Air Tank	$525.00
TOTAL	**$1665.00**

APPLICATION COSTS (Student Responsibility)	
Fingerprints	Approximately $50.00-$75.00
Physical / Medical Exam	Cost varies
State Exam Fees *paid by mid-term of the school year; required for practical test	Approximately $50.00-$60.00

ENGLEWOOD FIRE TRAINING CENTER
Abilities Assessment

**All events will use Coat, Gloves and Helmet at a minimum. Some events may include a Scott Air-Pak (SCBA).*

EVENT 1 – STAIR CLIMB

Equipment:

Bunker coat, helmet, and gloves. Drill tower four (4) stories in height.

Purpose of Evaluation:

This event is designed to stimulate essential tasks of climbing stairs in full protective clothing while carrying a high-risk pack (Hose bundle). This event challenges your aerobic capacity, lower body muscular endurance, and ability to balance.

Event:

Wearing a bunker coat, helmet and SCBA the candidate will climb the stairs starting at the ground floor and go to the top level of the drill tower. This will be while carrying a 50-foot section of 2-1/2" folded over the candidate shoulder. Once at the top floor, the candidate will descend the stairs back to ground floor where the candidate will then place the hose on the ground in the designated area.

Failures:

Failing to complete the task or dropping the hose will constitute a failure of this event. During the test, you are permitted to touch the wall or handrail momentarily. However, if the wall or handrail is grasped or touched for an extended period of time, or if the wall or handrail is used for weight bearing, you are warned. Only two warnings are given. The third infraction constitutes a failure, the test time is concluded and you fail the test.

EVENT 2 - HOSE DRAG

Equipment:

This event uses uncharged hose line with nozzle. The hose line is marked at 8 feet past the coupling to indicate a maximum amount of hose you are permitted to drape across your shoulder or chest. The hose line is also marked at 50 feet past the coupling at the nozzle to indicate the amount of hose line that you must pull into a marked box before completing the test.

Purpose of the Evaluation:

This event is designed to simulate the critical tasks of climbing stairs in full protective clothing while carrying a high-rise pack (hose bundle) and climbing stairs in full protective clothing carrying fire fighter equipment. This event challenges your aerobic capacity, lower body muscular endurance and ability to balance. This event affects your aerobic energy system as well as the following muscle groups: quadriceps, hamstrings, glutes, calves, and lower back stabilizers.

Event:
For this event, you must grab a hose line nozzle attached to 200 feet of 1-3/4" hose. Place the hose line over your shoulder or across your chest, not exceeding the 8-foot mark. Drag the hose 75 feet to a pre-positioned drum, and make a 90 degree turn around the drum, and continue an additional 25 feet. Stop within the marked 5 x 7-foot box and drop to at least one knee and pull the hose line until the 50-foot mark crosses the line. During the hose pull, you must keep at least one knee on the ground at all times and within the boundary box lines.

Failures:
During the hose drag, if you fail to go around the drum or go outside of the marked path (cones), the test time is concluded, and you fail the test. During the hose pull, you are warned if at least one knee is not kept in contact with the ground. The second infraction constitutes a failure, the test time is concluded, and you fail the test. During hose pull, you are warned if your knees go outside the marked boundary line. The second infraction constitutes a failure, the test time is concluded, and you fail the test.

EVENT 3 – EQUIPMENT CARRY

Equipment:
This event uses two Fire Extinguishers and a tool cabinet replicating a storage cabinet on a fire truck.

Purpose of Evaluation:
This event is designed to simulate the essential tasks of removing extinguishers from a fire apparatus, carrying them to the emergency scene, and returning the equipment to the fire apparatus. This event challenges your aerobic capacity along with upper and lower body muscular strength and endurance.

Event:
For this event, you must remove two extinguishers from tool cabinet, one at a time, place them on the ground. Pick up both extinguishers up, one in each hand. You are permitted to place the extinguisher on the ground and adjust your grip. Upon return to the tool cabinet, you may place the extinguishers on the ground prior to replacing them in the cabinet.

Failure:
If you drop either Fire Extinguisher on the ground during the carry, the test time is concluded and you fail the test. You receive one warning for running. The second infraction constitutes a failure, the test time is concluded and you fail the test.

EVENT 4: LADDER RAISE

Equipment:
This event uses two 24-foot (7.32-m) fire department ladders.

Purpose of Evaluation:
This event is designed to simulate the critical tasks of placing a ground ladder at a fire structure and extending the ladder to the roof or window. This event challenges your aerobic capacity, upper body muscular strength, lower body muscular strength, balance, grip strength, and anaerobic endurance. This event affects your aerobic and anaerobic energy systems as well as the following muscle groups: biceps, deltoids, upper back, trapezius, muscles of the forearm and hand (grip), glutes, quadriceps, and hamstrings.

Event:
For this event, you must walk to the top rung of the 24-foot (7.32-m) aluminum extension ladder, lift the unhinged end from the ground, and walk it up until it is stationary against the wall. This must be done in a hand over hand fashion, using each rung until the ladder is stationary against the wall. Once the ladder is in place you will return the ladder back onto the ground. This must be done in a hand over hand fashion, using each rung until the ladder is completely horizontal and returned to its original position. Immediately proceed to the pre-positioned and secured 24-foot (7.32-in) aluminum extension ladder, stand with both feet apart and extend the fly section hand over hand until you lock the dogs on the top rung. Then, unlock the dogs from the top rung, lower the fly section hand over hand in a controlled fashion to the starting position. Again, locking the dogs on the bottom rung. This concludes the event.

Failures:
If you miss any rung during the raise, one warning is given. The second infraction constitutes a failure, the test time is concluded, and you fail the test. If you allow the ladder to fall to the ground the test time is concluded, and you fail the test. If you do not maintain control of the ladder in a hand over hand manner, let the rope halyard slip in an uncontrolled manner or fail to lock the dogs at either the top or bottom rung, your test time is concluded, and you fail the test.

EVENT 5: FORCIBLE ENTRY

Equipment:
This event utilizes a large truck tire and a 10-pound sledgehammer. The Keiser Sled may be used in place of a tire.

Purpose of Evaluation:
This event is designed to simulate the critical tasks of using force to open a locked door or to breach a wall. This event challenges your aerobic capacity, upper body muscular strength and endurance, lower body muscular strength and endurance, balance, grip strength and endurance, and anaerobic endurance. This event affects your aerobic and an aerobic energy system as well as the following muscle groups: quadriceps, glutes, triceps, upper back, trapezius, and muscles of the forearm and hand (grip).

Event:
For this event, participants use a 10-pound sledgehammer to strike a large truck tire until the tire moves completely five (5) feet across the completion line. If the Keiser sled is used, you must keep your feet outside the toe-box at all times. After the buzzer is activated, place the sledgehammer on the ground. This concludes the event.

Failure:
If you do not maintain control of the sledgehammer and release it from both hands while swinging, it constitutes a failure, the test time is concluded and you fail the test. If you fail to move the tire across the completion line, it is considered a failure. If the Keiser Sled is used and you step inside the toe-box, one warning is given. The second infraction constitutes a failure, the test time is concluded and you fail the test.

EVENT 6 – SEARCH:

Equipment:

This event uses an enclosed room as a search maze that has obstacles and narrowed spaces.

Purpose of Evaluation:

This event is designed to simulate the critical task of searching for a fire victim with limited visibility in an unpredictable area. This event challenges your aerobic capacity, upper body muscular strength and endurance, agility, balance, anaerobic endurance, and kinesthetic awareness. This event affects your aerobic and anaerobic energy systems as well as the following muscle groups: muscles of the chest, shoulder, triceps, quadriceps, abdominals, and lower back.

Event:

For this event, you must crawl through 200-foot charged hose maze. At a number of locations, you must navigate around over and under obstacles. At any time, you feel you cannot finish the maze raise your hand and you will be assisted out of the maze.

Failures:

A request for assistance that requires existing the maze before completion constitutes a failure, the test time is concluded and you fail the test.

EVENT 7: RESCUE (DUMMY PULL)

Equipment:

This event uses a 145-pound hose dummy.

Purpose of Evaluation:

This event is designed to simulate the critical task of removing a victim or injured partner from a fire scene. This event challenges your aerobic capacity, upper and lower body muscular strength and endurance, grip strength and endurance, and anaerobic endurance. This event affects your aerobic and anaerobic energy systems as well as the following muscle groups: quadriceps, hamstrings, glutes, abdominals, torso rotators, lower back stabilizers, trapezius, deltoids, latissimus dorsi, biceps, and muscles of the forearm and hand (grip).

Event:

For this event you must grab the hose dummy and drag or carry it 35 feet to a pre-positioned drum, make a 180 degree turn around the drum, and continue an additional 35 feet to the finish line. You are not permitted to grasp or rest on the drum. You are permitted to drop and release the hose dummy and adjust the grip. The entire hose dummy must be dragged or carried until it crosses the marked finish line.

Failures:

If you grasp or rest on the cone at any time, one warning is given. The second infraction constitutes a failure, the test time is concluded and you fail the test.

FIRETRAQ ID #: _____

APPLICATION

Please type or print clearly in BLACK ink and complete all information

PERSONAL INFORMATION

Name: _____ SSN---------- _____

Address: _____ City: _____

Zip: _____ Email Address: _____

Home Phone: _____Work Phone: _____Cell: _____

Age: _____ Date of Birth: _____/ _____/ _____ Gender: Male [ ] Female [ ]

EMERGENCY CONTACT INFORMATION

Emergency Contact Person: _____

Relationship: _____ Phone: _____

Secondary Contact Person: _____

Relationship: _____ Phone: _____

Attach a copy of your Driver's License & Proof of Medical Insurance

Driver's License#: _____

Medical Insurance Carrier: _____Policy# _____

APPLICANT'S SIGNATURE: _____**DATE:** _____/ _____/_____

ENGLEWOOD FIRE TRAINING CENTER
Separation Agreement

I _____ understand that during the entire time during my participation in all practical and classroom settings at the Englewood Fire Training Center (EFTC), I may be expelled at any time for reasons deemed appropriate by the instructor.

These reasons include, but are not limited to, the following:

1. Insubordination.
2. Tardiness.
3. Failure of three (3) tests. Test can be combination of written and practical exams.
4. Failure to complete assigned task.
5. Cheating.
6. Failure to complete mandatory days.
7. Any suspected drug or alcohol use.
8. Inappropriate behavior or fighting.
9. Intentional destruction of EFTC property.
10. Theft.
10. Wearing EFTC uniforms not related to Training Center functions or training.

It is further understood that when expelled from EFTC that there are "NO REFUNDS" of any amount and all equipment and uniforms must be returned within 72 hours. Failure to return equipment and uniforms within the required time constitutes theft and will be turned over to the local law enforcement agency for prosecution.

By signing this agreement, I agree to Hold Harmless the Englewood Fire Training Center and the Englewood Fire Department and all its instructors.

_____ _____
Students Signature Administration Staff

_____ _____
Date Date

NO REFUNDS ACKNOWLEDGEMENT

I _____, hereby acknowledge that if I choose to voluntarily leave or I am expelled from the EFTC, “NO REFUNDS” of any amount and all equipment and uniforms issued to me will be returned within 72 hours.

_____ _____

Student Signature Date

THIS FORM MUST BE NOTARIZED

State of Florida, County of _____

The foregoing instrument was acknowledged before me this _____day of _____, 20_____

by _____, who ☐ is personally known to me, or ☐ who produced

_____as identification.

_____

Notary Public Signature

_____

Notary Printed Name

(Please affix Seal Above)

_____

Commission Expires

INDEMNITY AND HOLD HARMLESS AGREEMENT

Agreement made this _____(Day) of _____(Month), 20____(Year) between _____(Participant's Name) herein called "Indemnitor", and the Englewood Area Fire Control District, Englewood, Florida, a corporation concerning the use of the Englewood Fire Training Center on **06/16/2026, 06/22/2026** AND **07/06/2026 through 12/18/2026** for training purposes.

WITNESSETH

In consideration of the use of district facilities, property and equipment, and other good and valuable consideration, the receipt of which is hereby acknowledged, Indemnitor agrees to indemnify and hold harmless the Englewood Area Fire Control District, Florida, and its officers, agents, and employees from and against any liability, and any claims, demands, suits, causes of action, proceedings, expenses, fees, attorney fees, costs, interest, fines, penalties in any manner resulting from arising out of, or in any way connected with the use, occupation or enjoyment of the district's property, facilities or equipment.

Indemnitor further agrees to reimburse the district for any necessary expenses, attorney fees or costs incurred in the enforcement of any part of this agreement.

_____
Indemnitor Signature

_____
Indemnitor Printed Name

State of Florida, County of _____

The foregoing instrument was acknowledged before me this _____day of _____, 20_____

by _____, who ☐ is personally known to me, or ☐ who produced

_____as identification.

_____
Notary Public Signature

_____
Notary Printed Name

_____
Commission Expires

(Please affix Seal Above)

Annual Medical Statement of Personnel

NOTE: This form is designed to provide the individual in charge of all personnel a complete history of physical status as of the date indicated without the need for expensive physical examinations. It is recommended that the form be completed on an annual basis by all drivers of emergency vehicles as well as other employees. If any of the questions are answered "YES," be sure the answer is fully explained.

Questions:

Name: _____

Address: _____

City & State: _____ Zip: _____

Full Time Occupation: _____

Name of Organization: _____

Position/Title: _____

Social Security No. _____

What is your Valid State Operators Plate No. _____ __

REMARKS: If any question is answered, "YES," give particulars below. For medical histories, underline the item and identify by referring to question number and letter. Give dates, symptoms, duration, treatment results, names **and** addresses of doctors, hospitals, etc.

1. Birth Date: Month: _____ Day: ___ _ Year: ___ _

	Yes	No
2. Eyesight:		
a. Have you lost use of either eye? ___ R ___ L.....a.	D	D
b. Is peripheral (side) vision restricted? .....b.	D	D
c. Are you color blind? .....c.	D	D
d. Do you have, or have you ever had, cataracts? .....d.	D	D
e. Are actual deficiencies corrected by glasses or contact lenses?..e.	D	D
f. Date of last eye examination:.....f. _____		
3. Hearing:		
a. Do you have difficulty hearing normal conversation level? .....a.	D	D
b. Do you use a hearing aid? .....b.	D	D
4. Diabetes:		
a. Have you ever been treated for diabetes? .....a.	D	D
b. Describe current medication and dosage, if any, and method of administration under "remarks."		
c. Date of latest blood sugar test:.....c. _____		
5. Heart:		
a. Have you ever been treated for heart disease? .....a.	D	D
b. Describe condition:.....b. _____		
c. Describe current medication and dosage, if any, under "remarks."		
d. Do you have a pacemaker? .....d.	D	D
e. Date of last treatment or check-up..... e. _____		
6. Epilepsy:		
a. Have you ever been treated for epilepsy? .....a.	D	D
b. If "Yes," when was your last seizure? .....b. _____		
c. Describe current medication and dosage, if any, under "remarks."		

Questions:

	Yes	No
7. **Blood Pressure:**		
a. Have you ever been treated for high blood pressure? ..... a.	D	D
b. If "Yes," when were you treated? ..... b.		
c. What was your last reading? ..... c.		
d. Describe current medication and dosage, if any, under "remarks."		
8. **Limbs:**		
a. Have you lost an arm or leg? ..... a.	D	D
b. Have you lost the use of an arm or leg? ..... b.	D	D
c. Does vehicle have special controls? ..... c.	D	D
d. If "Yes" to any of the above, describe under "remarks."		
9. **Miscellaneous:**		
a. Have you ever had, or been treated for, Convulsions? ..... a.	D	D
b. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."		
c. Have you ever had any Fainting Spells? ..... c.	D	D
d. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."		
e. Have you ever had, or been treated for, Loss of Equilibrium? ..... e.	D	D
f. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."		
g. Have you ever been treated for Alcohol or Drug Abuse? ..... g.	D	D
h. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."		
i. Have you ever been treated for Mental Illness? ..... i.	D	D
j. If "Yes," give date of last treatment and describe current medication and dosage, if any, under "remarks."		
10. **What is the date of your last physical examination?**		
11. **Are there any restrictions posted on your vehicle operator's license?**	D	D
12. **Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate a motor vehicle?**	D	D

13. **When and for what purpose, did you last consult a doctor?**

_____

_____

14. Full **Name, address and telephone number of your personal phy sician.**

Name: _____

Address: _____

City & State: _____ **Zip:** __ _

REMARKS:

The answers to the above are complete, accurate, and true to the best of my knowledge.

_____ _____

Signature of Person Named Above **Date**

Authorization For Release

"I hereby authorize any licensed physician, medical practitioner, hospital or medically related facility, insurance company, the Medical Information Bureau or other organization, institution, or person that has any records or knowledge of me or my health, to give ___ _ _____DepartmenVCompany any such information."

A photographic copy, Xerox copy or similar reproduction of this authorization shall be as valid as the original.

_____ _____

Signature of Person Named Above **Date**

DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

APPLICATION FOR FIREFIGHTER CERTIFICATION EXAMINATION

Please type or print legibly.

NAME: LAST	FIRST	MI	DATE OF BIRTH

HOME ADDRESS:	CITY	STATE	ZIP CODE

STUDENT ID	E-MAIL ADDRESS	CONTACT PHONE NUMBER

REQUIRED ATTACHMENTS:

_ Fingerprint live scan date _____

_ Copy of your High School Diploma (Home Schooling must be compliant with Sections 1002.41 and 1003.21, F.S.)

_ Copy of drivers license or birth certificate as proof of being at least 18 years old

_ Completed, signed and dated original DFS-K4-1022 (completed less than 6 months before start of class)

_ Receipt of $30 application fee

_ Notarized Tobacco Affidavit

Fill in the blank and attach a Certificate or Transcript for each of the courses below.

	COURSE TITLE	PROVIDER	DATES ATTENDED
1	MINIMUM STANDARDS (492 Hours)		
2	FIRST RESPONDER, EMT OR EMTP		

Inquiry Waiver - By my signature below, I authorize the Division of State Fire Marshal, Bureau of Fire Standards and Training, to have access to any and all information concerning my work record, school record, military record, and moral character pertinent to this application. This includes any and all information of a confidential or privileged nature, and copies of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification in the State of Florida.

Certification Notice – By my signature below, I understand that submission of this application is not a guarantee of approval and certification. Certification is only attained with an approved application, successfully completing the required courses or attaining equivalency, and passing the state certification written and practical exam.

SIGNATURE OF APPLICANT _____ DATE _____

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND APPLICATION 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 ACCOMMODATIONS, PLEASE ADVISE WHEN SCHEDULING

DEPARTMENT OF FINANCIAL SERVICES
Division of State Fire Marshal

PERSONAL INQUIRY WAIVER
BUREAU OF FIRE STANDARDS & TRAINING

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: 000-00-0000 [1]

ADDRESS: _____ _____ _____ 00000
STREET CITY STATE ZIP CODE

I respectfully request and authorize you to furnish the Division of State Fire Marshal, Bureau of Fire Standards and Training, any and all information that you may have concerning my work record, school record, military record, and moral character. Please include any and all information of a confidential or privileged nature, and photostats of same if requested. This information is to be used by the Bureau of Fire Standards and Training in determining my qualifications and fitness for certification as a firefighter, firesafety inspector, or other competency certification in the State of Florida.

_____
SIGNATURE OF APPLICANT

THIS FORM MUST BE NOTARIZED

STATE OF FLORIDA
COUNTY OF _____

On _____ , _____ , ___ personally
(month and day) (year) (Applicant's Name)

appeared before me and, __ who is personally known to me, or ___ who has provided

_____ 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 is assisting you.

THE DEPARTMENT OF FINANCIAL SERVICES
Division of the State Fire Marshal

MEDICAL EXAMINATION TO DETERMINE FITNESS FOR FIREFIGHTER TRAINING
BUREAU OF FIRE STANDARDS AND TRAINING

Please print legibly.

NAME: LAST	FIRST	MI	STUDENT ID

TRAINING CENTER	E-MAIL ADDRESS	CONTACT PHONE NUMBER

For the medical professional conducting the examination: **The purpose of this examination is to ensure that the physical, physiological, intellectual, and psychological health of the applicant is suitable for the environment and functions of a firefighter as described on page 2. Authority for this examination is FS 633.34 and is required before an individual starts firefighter training.**

This medical examination must be completed by a physician, surgeon, or physician's assistant per ch. 458; or an osteopathic physician, surgeon, or physician's assistant per ch.459; or an advanced registered nurse practitioner per ch. 464.

Examination should include but is not limited to:

Dermatological system, Cardiovascular system	Ears, eyes, nose, mouth, throat
Clinical evaluation of 12 lead EKG	Auditory hearing in the pure tone
Systolic and Diastolic Blood pressure	Far visual acuity corrected or uncorrected
Respiratory system	Peripheral vision
Gastrointestinal system	Genitourinary system
Endocrine and metabolic systems	Musculoskeletal system
Neurological system	

For the medical professional conducting the examination to complete**: (Sign in appropriate box)**

Based on the results of this medical evaluation, the applicant:

Has no pre-existing or current condition, illness, injury or deficiencies. The applicant is medically fit to engage in firefighter training.	**Has a pre-existing or current condition, illness, injury or deficiency that presents a safety or health risk in the environment or job functions of a firefighter. The applicant is not medically fit for firefigther training.**
Signature	**Signature**

Completion Required (please print)

Name of signature: _____ **Date signed**: _____

Office Telephone number: _____

Office address: _____

Essential Job Tasks and Descriptions from NFPA 1582, 2007 edition

1. Performing firefighting tasks (e.g., hose line operations, extensive crawling, lifting, carrying heavy objects, ventilating roofs or walls using power or hand tools, and forcible entry), rescue operations and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.

2. Wearing an SCBA, which includes a demand valve–type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.

3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA.

4. Climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs.

5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C).

6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lbs. to safety despite hazardous conditions and low visibility.

7. Advancing water-filled 2 ½ diameter hose lines from fire apparatus to occupancy [approximately 150 ft.], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.

8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.

9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.

10. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.

11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions.

12. Ability to give and comprehend verbal orders while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hose lines and/or fixed protection systems (sprinklers), hear alarm signals, hear and locate the source of calls for assistance from victims or other firefighters.

13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

TOBACCO AFFIDAVIT

Please type or prim legibly.			
NAME. LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS:	CITY	STATE	ZIPCODE
E-MAIL ADDRESS		CONTACT PHONE NUMBER	

I confirm I have been a nonuser of tobacco or tobacco products for at least one year immediately preceding application as required by Florida State Statute 633.412.

_____ _____

SIGNATURE **DATE**

NOTARIZED

STATE OF FLORIDA
COUNTY OF _____

On _____ _____ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ personally
(month and day) (year) (Applicant's Name)

appeared before me and, _____ who is personallyknown to me, or ---------- who has provided

_____ as identification.

_____
Notary Public Signature

Commissionexpires: _____

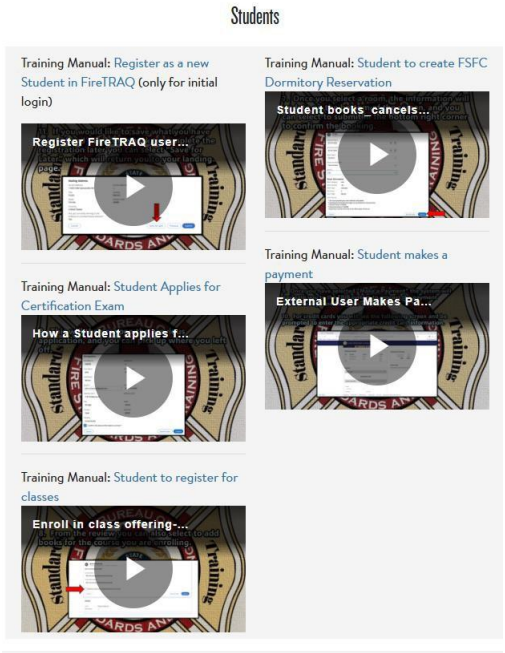
PLEASE AFFIX SEAL ABOVE

CREATE FIRETRAQ ACCOUNT

1. Visit – **https://myfloridacfo.com/division/sfm/bfst/firetraq-info**

2. Follow First Time Users instructions / scroll down on webpage for full video/pdf instructions.





If you have any trouble with the site, please contact the Florida State Fire College at (352) 369-2800.

NAME: _____ FireTRAQ ID: _____

Additional Fingerprint / Background Agencies

Below are additional resources to complete your Fingerprinting/Background Check. You must supply the service provider with an **ORI FL920780Z (Bureau of Fire Standards and Training);** this will identify the correct Profession and Agency for your request. **You must submit a copy of the receipt from the screening agency with your application.**

- **A-1 Fingerprinting & Drug Screening – (941) 200-5995**
  WALK-INS WELCOME, 9:00AM-5:00PM – 13641 Tamiami Trail, North Port
  http://getmea1.com

- **INDENTGO**
  REGISTER AND MAKE AN APPOINTMENT AT THE NEAREST CENTER
  https://www.identogo.com/fl

- **DTIS**
  REGISTER AND MAKE AN APPOINTMENT AT THE NEAREST CENTER
  https://dtis.com/

- **SARASOTA LIVE SCAN FINGERPRINTING – (941) 538-7959**
  https://www.sarasotafingerprints.com/

Your fingerprints will be sent electronically from the fingerprinting location to the FDLE and FBI.
The results will be sent directly to the Bureau of Fire Standards and Training, normally within 24/48 hours.

ONLINE COURSE REQUIREMENTS

After completion of each course, please print certificates and attach them to your application.

3 ONLINE COURSES

You will need to register for a FEMA SID number before starting IS-100, IS-700 & Q0133 course

REGISTER AT: https://cdp.dhs.gov/FEMASID

GO TO: firstRespondertraining.gov/frts/npccatalog and search courses below.

- **IS-100 – INTRODUCTION TO THE INCIDENT COMMAND SYSTEM**
- **IS-700 – AN INTRODUCTION TO THE NATIONAL INCIDENT MANAGEMENT SYSTEM**
- **Q0133 – FIREFIGHTER SAFETY – CALLING THE MAYDAY**

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1 ONLINE COURSE

You will need to register with the site before starting the course.

REGISTER AT: https://www.fireherolearningnetwork.com/Register-Today.aspx

- **COURAGE TO BE SAFE**
  https://www.fireherolearningnetwork.com/Training_Programs/Courage_To_Be_Safe.aspx