Broward County Board of Rules and Appeals

Certification for Fire Plans Examiner

For the Fire Department of: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Driver's License #: _____

F-104.3 Fire Plans Examiner.

F-104.3.1 Appointment of a Fire Plans Examiner. There shall be appointed by the Fire Chief of each Fire Service Provider/Fire Department certain fire prevention personnel to be qualified as set forth in this Chapter as part of the FFPC to serve as a Fire Plans Examiner. To be eligible for appointment as a Fire Plans Examiner, such person shall be cofertified [certified] by BORA.

F-104.4 Certification of a Fire Plans Examiner. The Fire Plans Examiner certified by BORA shall be a state certified Firefighter as defined by 69A-37 as referred to collectively as 69A-37.055(2)(a)(b) Firefighter curriculum as "Minimum Standards Course," be a state-certified Fire Inspector, and shall meet one or more of the following qualifications:

☐ **F-104.4.1** An engineer or a degree in Fire Science or a degree in Fire Prevention and having a minimum of three (3) years of experience as a fire plans examiner with a county or city within the State of Florida and shall be Broward County Certified.

☐ **F-104.4.2** Five (5) years of experience as a Fire Inspector employed with a county or city in the State of Florida and shall be Broward County certified.

☐ **F-104.4.3** Ten (10) years of experience as a firefighter, four (4) years as a state-certified fire inspector employed with a county or city having fulfilled the duties of a fire inspector and shall be a Broward County certified.

☐ **F-104.4.4** Have been fulfilling the duties of a Fire Plans Examiner with five (5) years of continuous service within the State of Florida and be Broward County certified.

☐ **F-104.4.5** Three (3) years of experience as a Broward County and State of Florida Certified Fire Inspector and nationally certified as an NFPA Certified Fire Inspector (CFI-1) and NFPA Certified Fire Plans Examiner (CFPE) and be Broward County certified.

Exception: At Fire Chief's discretion, a person may be given up to eighteen (18) months to become a Florida Certified Firefighter, from the date of hire.

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Note: The following items shall be provided at the time of submittal of this form.

- ☐ 1. Copy of current State Fire Fighter Certification.
- ☐ 2. Copy of current State Fire Inspector Certification.
- ☐ 3. Copy of your passing letter from the Board of Rules and Appeals test.
- ☐ 4. A clear copy of a current photo ID.
- ☐ 5. A résumé indicating all education and work experience.

******BORA staff is authorized to request additional information to verify employment and/or experience******

The undersigned submitting this application for certification, indicates compliance and vouches for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below.

_____ X _____
Type/Print Name of Applicant — Signature of Applicant

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____ by

_____ X _____
Type/Print or Stamp Notary's Name — Notary's Signature as to Applicant's Signature

Personally Known ☐ Produced Identification ☐

Type of Identification Produced _____

I certify that I verified that the above-named applicant meets all the requirements for this position in accordance with the Florida Fire Prevention Code and the Local Fire Amendments as applicable to Broward County.

_____ X _____
Type/Print Name of Fire Chief — Signature of Fire Chief

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20_____ by

_____ X _____
Type/Print or Stamp Notary's Name — Notary's Signature as to Applicant's Signature

Personally Known ☐ Produced Identification ☐

Type of Identification Produced _____

Approved by BORA on the _____ day of _____, 20_____.