Broward County Board of Rules and Appeals

Certification for Fire Code Official, Fire Marshal, Fire Code Manager

For the Fire Department of: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

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

F-104.1 Certification of Fire Marshal/Fire Code Official. The Fire Marshal/Fire Code Official certified by BORA shall be a state-certified firefighter as defined by 69A-37 referred to collectively as 69A-37.055(2)(b) Firefighter curriculum as the "Minimum Standards Course," be a State-certified Fire Inspector, and shall meet one or more of the following qualifications:

☐ **F-104.1.1** An engineer or a Degree in Fire Science or a Degree in Fire Prevention and shall have been employed as a county or city Fire Inspector for three (3) years within the State of Florida and possess a Broward County Certification.

☐ **F-104.1.2** A county or city Fire Plans Examiner with at least five (5) years of experience within the State of Florida and shall possess a Broward County Certification.

☐ **F-104.1.3** Ten (10) years experience as a Fire Inspector, employed in a county or city within the State of Florida with at least five (5) years of experience within the jurisdiction of the FFPC and be a Broward County Certified Fire Inspector.

☐ **F-104.1.4** Have been fulfilling the duties of a Fire Marshal/Fire Code Official with five (5) years continuous service as such within a county or city in the State of Florida and shall possess a Broward County Certification.

☐ **F-104.1.5** Possesses a certification issued by the State Fire Marshal as a Fire Code Manager/Administrator in accordance with NFPA 1030 with a total of six (6) years experience with a county or city as fire plans examiner and inspector in Florida and shall possess a Broward County Certification.

☐ **F-104.1.6** Three (3) years of experience as a Broward County Certified Plans Examiner and nationally certified as an NFPA Certified Fire Inspector 1 (CFI-1), NFPA Certified Fire Plans Examiner (CFPE), and NFPA Certified Fire Protection Specialist (CFPS).

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_____.