

Broward County Board of Rules and Appeals

Certification for Assistant Fire Marshal

For the Fire Department of: _____

Name: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email Address: _____

Date of Birth: _____

Driver's License #: _____

F-103.3.7 Certification of the Assistant Fire Marshal. The Assistant Fire Marshal certified by BORA shall be a state-certified firefighter as defined by 69A-37 referenced to collectively as 69A-37.055(2)(a)(b) Firefighter curriculum requirements as the "Minimum Standards Course," be a State certified Fire Inspector, and shall meet one or more of the following qualifications:

- F-103.3.7.1** An Engineer or a degree in Fire Science or Fire Prevention 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-103.3.7.2** A county or city Fire Plans Examiner with at least four (4) years of experience within the State of Florida and shall possess a Broward County certification.
- F-103.3.7.3** Seven (7) 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-103.3.7.4** Have been fulfilling the duties of an Assistant Fire Marshal with three (3) years continuous service as such within a county or city in the State of Florida and shall possess a Broward County certification.
- F-103.3.7.5** Possesses a certification issued by the State Fire Marshal as a Fire Code Manager/Administrator in accordance with NFPA 1030 with a total of (5) years' experience with a county or city as fire plans examiner and inspector in Florida and shall possess a Broward County certification.
- F-103.3.7.6** Two (2) years' 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).
- F-103.3.7.7** Any Assistant Fire Marshal currently employed by a Broward County Fire Service provider prior to the effective date of this code section will receive a certification once the Fire Service provider submits a letter indicating the date the individual was assigned as Assistant Fire Marshal and the name of the individual.

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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.
- 6. Individuals being considered for certification will be required to complete an affidavit of compliance with Chapter 71-575. (See Board Policy 14-02)

*****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____.