

Date Received	 Department of Public Safety Division of Fire Safety PO Box 844, Jefferson City, MO 65102 (573) 522-2426 FAX (573) 751-1744 Website: www.dfs.dps.mo.gov				Date Approved
Received By	 				Approved By
Application for Course Enrollment					
Location of Course Applying for:				Date of Course:	
Course Applying For: (see website for Course Locations and Dates)					
<input type="checkbox"/> Fire Investigator		<input type="checkbox"/> Fire Inspector		<input type="checkbox"/> Level I <input type="checkbox"/> Level II	
Personal Information:					
Last 4 SSN #	Last Name	Suffix	First Name	M.I.	County of Residence
Mailing Address of Applicant			City	State	Zip Code
Date of Birth	Personal Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell		Email Address	
Sex		TOTAL YRS OF SERVICE			
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Current Agency Information:					
Agency Name			Agency Phone #	Are You POST Certified?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Authorization for Release of Information

(Print Full Name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications.

I further authorize all law enforcement agencies, U.S. Military, Federal, State and/or Local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer or his designee of my organization.
 A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____ Date: _____

Prerequisite Training Courses Attending (attach documentation):
IF NOT CERTIFIED TO FIRE FIGHTER II PROVIDE DOCUMENTATION OF ATTENDED CLASSES IN THE AREAS OF Fire Behavior, Building Construction and Hazardous Materials - Awareness