BROWARD COUNTY BOARD OF RULES AND APPEALS
ONE NORTH UNIVERSITY DRIVE, SUITE 3500-B, PLANTATION, FLORIDA 33324
TL 954.765.4500 • FX 954.765.4504
http://www.broward.org/codeappeals

PLEASE CHECK ONE OF THE FOLLOWING:

RECERTIFICATION____  CHANGE OF CITY ____  UPGRADE ____  DOWNGRADE ____

** PLEASE COMPLETE AND RETURN BEFORE YOUR CURRENT CERTIFICATION EXPIRES **

NAME ________________________________
HOME ADDRESS __________________________ PHONE ____________________
CITY ___________________________ STATE _______ ZIP _______________
NAME OF DEPARTMENT EMPLOYED BY __________________________________________

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:

1. CURRENT Broward County Board of Rules and Appeals Certification Held
___________________________________________________________________

2. PLEASE CHECK ONE: (I AM ____ ) (I AM NOT ____ ) CURRENTLY CERTIFIED AS A FIRE INSPECTOR
   UNDER F.S. 633 (STATE CERTIFICATION)

3. STATE CERTIFICATION NUMBER ______________________ EXPIRATION DATE ______________

4. PLEASE CIRCLE CERTIFICATION APPLYING FOR HEREIN (CHECKS PAYABLE: Board of County Commissioners)
   FIRE CODE OFFICIAL ...... (UPGRADE (CHECK ONE) YES ____ NO ____)
   FIRE PLANS EXAMINER...... (DOWNGRADE (CHECK ONE) YES ____ NO ____)
   FIRE INSPECTOR ............

Individuals being considered for recertification will be required to complete an affidavit of compliance with 71-575
(see Board policy 14-02)

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ANY DOCUMENTATION REGARDING 60
POINTS TOWARD RECERTIFICATION IS TRUE AND CORRECT.

_________________________________________________ ______________________
SIGNATURE                        DATE

I HEREBY CERTIFY THAT THE ABOVE INDIVIDUAL IS CURRENTLY EMPLOYED BY THE ABOVE
NAMED FIRE DEPARTMENT AND HAS HOURS REQUIRED. FIRE CHIEF (PRINTED NAME) ___________
SIGNATURE OF FIRE CHIEF _________________             DATE _________________

Effective October 1, 2009
Certification/recertification fees are eliminated.

G:\SHARED\Certification & Re-Certification\Fire\FIRE CERT RELATED\Forms present\forms 2015 - USE THESE\2015 Recertification Form Board Approved 2-5-15.doc [Add “Downgrade” 2009 01/23]
YOU ARE TO KEEP THIS SHEET AS YOUR ATTENDANCE RECORD FOR THE REQUIRED 60 EDUCATIONAL POINTS FOR YOUR RECERTIFICATION. EACH ENTRY ON THE SHEET MUST BE ACCOMPANIED BY PROOF-OF-ATTENDANCE AND BE SUBMITTED TO THE OFFICE OF THE BROWARD COUNTY BOARD OF RULES AND APPEALS ON OR BEFORE DECEMBER FIRST.

Name of City: ____________________________

Name of Employee: _______________________

Certified as Fire Inspector on (indicate date): _______________________

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Subject: Policy/Affidavit to ensure compliance with Chapter 71-575, paragraph 4(b), Laws of Florida

POLICY/AFFIDAVIT

The requirements below have been adopted by vote of the Broward County Board of Rules and Appeals on April 10, 2014, to help ensure compliance with Chapter 71-575, paragraph 4(b), Laws of Florida.

NOTICE

All applicants for certification or re-certification are required to execute the following statement and to have same notarized by a duly authorized Notary. Failure to execute and have this statement notarized will prevent the certification / re-certification process from proceeding to completion.

THE UNDERSIGNED HEREBY VOLUNTARILY AND KNOWINGLY STATES AS FOLLOWS:

The undersigned has read Chapter 71-575, paragraph 4(b), Laws of Florida and has had the opportunity to have same reviewed and explained by legal counsel. Undersigned understands the terms of same and that any Inspector (such as and including but not limited to structural, engineering, plumbing, mechanical, or electrical) or other building official charged with enforcing or otherwise supervising or inspecting any work covered under any section of the Florida Building Code as applicable to Broward County pursuant to Chapter 71-575, Laws of Florida, and who is required to hold or who otherwise holds a Certificate of Competency in any area of construction shall not use his/her Certificate of Competency to engage in free enterprise thereby, competing against persons or firms that may do business within Broward County whose work he/she may also inspect, nor may he/she allow his/her Certificate of Competency to be used by another person or firm. This includes any activity, such as, but not limited to bidding, contracting, code consulting, design, employment, plan review, special building inspections, etc., regardless of compensation. The undersigned makes application for certification or re-certification, affirms compliance with aforementioned Code Section, and vouches for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below. The undersigned agrees that failure to comply with the requirements of chapter 71-575 shall be considered a material breach of the terms of certification and may result in decertification/denial of certification.

A copy of a legal opinion with respect to Chapter 71-575 is available upon request.

Printed Name and Signature of Applicant.

State of Florida

SS | 

County of Broward

On the _________________ day of _________________, 20___, personally appeared before me the above named individual who signed the foregoing instrument declaring same to be true to his knowledge and belief.

Notary-Public: ____________________________________________
(Printed name and Signature of Notary Public, State of Florida)

(NOTARY SEAL)

Personally Known ______ OR Produced Identification ______

Type of Identification Produced ____________________________________________

Editor’s Note: Affidavit Authorized by BORA vote on May 8, 2014, and issued by Chair on May 9, 2014.