



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.....	Effective October 1, 2009 certification/recertification fees are eliminated.	_____
FIRE PLANS EXAMINER....		_____
FIRE INSPECTOR		_____

UPGRADE (CHECK ONE) YES _____ NO _____

DOWNGRADE (CHECK ONE) YES _____ NO _____

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 _____

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.