



BOARD OF RULES AND APPEALS

Certification Form for Position of Fire Inspector

For Fire Department of: _____

Name: _____

Home _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____ EmailAddress: _____

Date of Birth: _____ Drivers License #: _____

The undersigned makes application for certification, and vouches for the truth and accuracy of all statements and answers herein contained

Signature of Applicant: _____ Date Signed: _____

F-103.5 Certification of Fire Inspectors:

F-103.5.1 Appointment of a Fire Inspector. There shall be appointed by the Fire Chief of each fire department certain fire prevention personnel to be qualified as set forth in this Chapter as part of the FFPC to serve as a Fire Inspector. To be eligible for appointment as a Fire Inspector, such person shall be certified by BORA.

F-103.5.3 Certification of a Fire Inspector. Application for certification shall be on a form containing such pertinent information as is considered relevant to BORA. To be eligible for appointment as Fire Inspector, such person shall be certified by BORA and shall meet the following qualifications:

F-103.5.3.1 Be a certified Firefighter as defined by the Florida Firefighters Standards Council and shall be a state certified Fire Inspector.

F-103.5.3.2 Pass a written competency examination approved by BORA, to be given in May and November (only one (1) required) of each year, or the test may be given when requested by at least three (3) applicants.

F-103.6.4 Personnel assigned to the bureau as Fire Inspectors shall be State of Florida Certified Firefighters, State of Florida Certified Fire Inspectors. For certification refer to Florida State Statute 633.

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.



BROWARD COUNTY

BOARD OF RULES AND APPEALS

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 71-575 (see Board policy 14-02)

The undersigned makes application for certification and indicates compliance with aforementioned Code Sections and vouches for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below.

Printed name and Signature of Applicant (above)

State of Florida |
County of Broward | SS

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 _____

My Commission Expires _____

Fire Chief:

Printed name and Signature of Fire Chief (above)

I certify that I have 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.

State of Florida |
County of Broward | SS

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 _____

My Commission Expires: _____

Note: The Broward County Board of Rules & Appeals has the authority to request additional information if necessary.

Approved: _____ Date: _____
Chief Code Compliance Officer

Disapproved: _____ Date: _____
Chief Code Compliance Officer

Approved by BCBRA on the _____ day of _____, 20____

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.