

**State of Florida**  
**Department of Business and Professional Regulation**  
**Building Code Administrators and Inspectors Board**  
**Application for Division of State Fire Marshal Education Course and Provider Approval**  
**Form # DBPR BCAIB 10**

**APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.**

APPLICATION	APPLICATION REQUIREMENTS
<p><b>Division of State Fire Marshal Education Course and Provider Approval (Reciprocity)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete application.</li> <li><input type="checkbox"/> Provide a copy of the Division of State Fire Marshal's Course Approval Notice</li> <li><input type="checkbox"/> <b>Record Keeping:</b> Course sponsors must maintain all continuing education records for a period of 3 years from the date the program was offered and make such records available to the Department upon request.</li> </ul>

**Please mail your completed application, documentation to:**  
 Department of Business and Professional Regulation  
 2601 Blair Stone Road  
 Tallahassee, FL 32399-1046

**This form is to be used by continuing education providers approved by the Florida Division of State Fire Marshal that wish to provide continuing education credit to individuals that are dually-licensed as fire safety inspectors and by the Florida Building Code Administrators and Inspectors Board pursuant to Section 633.081(7), Florida Statutes.**

**State of Florida**  
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**Application for Division of State Fire Marshal Education Course and Provider Approval**  
**Form # DBPR BCAIB 10**  
 Provider [5026/1031]  
 Course [5027/1031]

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.  
**For additional information see the Instructions at the end of this application.**

**Section I – Applicant Information- Provider [5026/1031]**

PROVIDER INFORMATION			
Last/Surname (Provider)	First	Middle	Suffix
Company/Organization Name			
Social Security Number (if applying as an Individual)*			
Federal Employer ID Number (if applying as an Organization)			
Provider number issued by BCAIB if currently approved:			
MAILING ADDRESS			
Street Address or P.O. Box			
City		State	Zip Code (+4 optional)
County (if Florida address)		Country	
Primary Phone Number		Primary E-Mail Address	

\*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

**Section II – Program Information [5027/1031]**

COURSE APPROVAL	
Course Title:	
Course number issued by Division of State Fire Marshal:	
<b>* NOTE:</b> You must include a copy of the Division of State Fire Marshal's course approval notice	
Delivery Method:	<input type="checkbox"/> Classroom or <input type="checkbox"/> Distance/Online
Hours of Credit Requested: _____ (Note: One (1) CE hour = fifty (50) minutes of instruction, maximum three (3) hours)	



**Section III – Affirmation By Written Declaration**

AFFIRMATION BY WRITTEN DECLARATION	
<p>I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. <b>I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.</b></p>	
Signature:	Date:
Print Name:	

**Instructions**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.*

1. **General Requirements**
  - a. **You must include a copy of the Division of State Fire Marshal's course approval notice.**
  - b. **Record Keeping** - Course sponsors must maintain all training program records for a period of 3 years from the date the program was offered and make such records available to the Department upon request.
  
2. **Application instructions (by section):**
  - a. **Section I –Applicant Information – Provider**
    - i. Fill out each section completely. A Social Security number is required in order to apply for any individual license or a Federal Employer ID number for any organization within the Department of Business and Professional Regulation.
    - ii. If applicable, be sure to include your current provider approval number.
    - iii. Provide your mailing address, telephone number and e-mail address. This will be used for sending correspondence to you.
  - c. **Section II – Program Information**
    - i. Fill out each section completely.
  - d. **Section III – Affirmation By Written Declaration**
    - i. Applicant must sign the affirmation by written declaration.