NEW FIREFIGHTER LICENSE APPLICATION

DATA PRACTICES ACT WARNING

The data which you furnish on this form will be used by the Minnesota Board of Firefighter Training and Education (MBFTE) to assess your qualifications for licensure. You are not legally required to provide this data; however, if you fail to do so, MBFTE may be unable to process this application. After issuance of a professional license, the information contained in this application will be public information, pursuant to Minnesota Statutes, Chapter 13. Under Minnesota Statutes, Chapter 13, Social Security Numbers are **not** public information.

**All Information, EXCEPT SIGNATURE, Must Be Printed In Ink or Typewritten**

1. **Personal Information – Please complete all sections**
   
   Are you or your spouse an active member of the U.S military?  
   - [ ] No  [ ] Yes *(priority processing)*
   
   Last Name: _________________________________ First Name: ___________________ Middle: _______________
   
   Alias(es), Maiden name or other legal change to name: __________________________________________________
   
   Mailing Address: _________________________________________________________________________________
   
   City: ____________________________ State: ____________________________ Zip Code: __________________
   
   Phone Number: _______________________ Atl. Number: _____________________ Email: ______________________
   
   Date of Birth: ____________________________ Social Security Number: ______________________
   
   Per MN Statue 270C.72 subd. 4, MBFTE is required to gather Social Security number information from all applicants.

2. **Criminal Convictions:**
   
   Have you ever been convicted of a felony?  
   - [ ] Yes  [ ] No *(If yes, please complete the following)*
   
   Location of conviction: ____________________________ Charge(s) ___________________________ Date: ____________

3. **Employment Verification (The Chief of the Department to complete this section)**
   
   Name of Fire Chief: __________________________________________
   
   Name of Department: _________________________________________
   
   Fire Department Address: ______________________________________
   
   Fire Department City/State/Zip: ________________________________
   
   Fire Department Chief Email: _____________________________________
Status of Employment (FT/PT/P.O.C./Vol.): ___________________________________________________

Date of Employment: _____________________________________________________________________

Training completed and copy of the front and back of the certification card or certificate attached: Yes _____ No _____

I attest that the employee(s) listed below are firefighter(s) employed by our fire department. I have designated whether they are full-time, part-time, paid-on-call or volunteer and the date of employment.

Fire Chief Signature:  ____________________________________________________

Fire Chief Phone: _____________________________ Date: _____________________

Oath: I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements, and that the above answers made by me are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. By signing this application, I am agreeing that, when asked, I will sign an Informed Consent form for the purpose of allowing the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the MBFTE. I understand that if I choose not to do so, I cannot become a licensed firefighter in the State of Minnesota.

APPLICANT SIGNATURE:  _____________________________________ Date: ______________

PRINT NAME: ____________________________________________________

RETURN TO THE BOARD OFFICE:
1. APPLICATION
2. COPY OF THE FRONT & BACK OF THE FIREFIGHTER II CERTIFICATION CARD OR COPY OF THE CERTIFICATE
3. APPLICATION FEE

APPLICATION FEE: – $75.00 if apply between December 31, 2016 – June 30, 2018
                 $50.00 if apply between July 1, 2018 – June 30, 2019
                 $25.00 if apply July 1, 2019 – June 30, 2020

Prorated per Minnesota Statute 299N.05 subd. (5) a license is valid for a three year period determined by the board. Fees under this subdivision may be prorated by the board for licenses issued within a three year licensure period.

Make Payable to: MBFTE   (ONLY ACCEPT CHECKS FOR THE EXACT AMOUNT DUE)

MBFTE OFFICE USE ONLY:
Date Received: ______________________________
Check #: ______________________________
IFSAC Certification Received: ______________