



STATE OF MINNESOTA
 MINNESOTA BOARD OF FIREFIGHTER TRAINING AND EDUCATION
 445 MINNESOTA ST. STE 146
 ST. PAUL, MN 55101
 PHONE: 651-201-7257 FAX: 651-215-0525
 WEBSITE: WWW.MBFTE.ORG EMAIL: FIRE-TRAINING.BOARD@STATE.MN.US

MINNESOTA FIREFIGHTER LICENSE RENEWAL APPLICATION

**THIS APPLICATION FORM IS TO BE USED FOR LICENSE RENEWAL ONLY.
 IF YOUR LICENSE IS EXPIRED PLEASE COMPLETE THE REINSTATEMENT APPLICATION.
 IF YOU ARE NOT CURRENTLY A LICENSED FIREFIGHTER, PLEASE COMPLETE THE FIREFIGHTER APPLICATION.**

All sections of the application must be completed. If any information is missing the application will be considered incomplete and will be returned.

Personal Information:

Last Name: _____ First Name: _____ Middle: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Alt. Phone: _____ Email: _____

Criminal Convictions:

Since your last license application, have you been convicted of a felony? Yes ___ No ___

If yes, complete the following:

Location: _____ Charges: _____ Date: _____

Employment & Training Verification:

License Number: _____
 Fire Department Employed By: _____ Date of Hire: _____
 Current Status: FT ___ PT ___ POC ___ Volunteer ___ No Longer with Department ___
 Fire Department Employed By: _____ Date of Hire: _____
 Current Status: FT ___ PT ___ POC ___ Volunteer ___ No Longer with Department ___

By signing below, I attest that the above named firefighter has, in the past three (3) years, completed at least seventy-two (72) hours of continuing education/training and that he/she is currently a member of the above named department.

(Note: only one signature is required to attest the continuing education requirement has been met.)

Chief/AHJ: _____ Phone: _____

Chief/AHJ printed name: _____

Verified this _____ day of _____, 20____.

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 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, my license can be suspended or revoked.

Signature: _____ Date: _____
 Print Name: _____

**Renewal Fee – \$75.00 if apply between December 31, 2016 – June 30, 2018
 \$50.00 if apply for renewal between July 1, 2018 – June 30, 2019
 \$25.00 if apply for renewal between 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 Only: Date Received _____ Check # _____
 Verification received _____ Confirmed _____