

Minnesota Board of Firefighter Training and Education
445 Minnesota Street Ste. 146
St. Paul, MN 55101

www.mbftc.org



APPLICATION FOR LICENSE REINSTATEMENT

THERE IS NO GRACE PERIOD WHEN A LICENSE EXPIRES.

The license holder is responsible for completing ALL the sections of this form. If any information is missing or the form is not signed, the application will be considered incomplete and returned. **The license holder is responsible for the license fee and the \$25.00 per year delayed fee from the expiration date of the license.**

Please be advised, reinstating your license does not preclude the possibility that the Board may initiate an investigation of you for possible violations of Minnesota Statute 229N.05. Please read the Tennesen Warning found on our web site www.mbftc.org.

Personal Information

Name (please print): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Criminal Convictions:

Since your last license application, have you been convicted of any felonies?

Yes **No**

Location: _____ Charges: _____

Date: _____

Fire Department Employed by: _____

Current Status:

FT PT POC Volunteer No longer with Dept.

License Number: _____

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

(Continuing education requirements under MN Statute 229N.05 subd.6, can be found at www.mbfte.org.)

Chief/AHJ: _____

Chief/AHJ Printed Name: _____

Date Verified: _____

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 for reinstatement, I am agreeing that, when asked, I will sign and 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.

MAKE CHECK PAYABLE TO: MBFTE

License 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

PLUS THE

Delayed Renewal Fee:

\$25.00 per year from the expiration date of the license.

****You may submit a request in writing to the Board with a reason of waiving the delayed renewal fee. The Board will review the request and notify the applicant of their decision.**

**Mail application and payment to:
Minnesota Board of Firefighter Training and Education
445 Minnesota St Ste 146
St Paul, MN 55101**

Signature: _____ Date: _____

MBFTE OFFICE ONLY:

DATE RECEIVED: _____ CHECK # _____

VERIFICATION RECEIVED/ CONFIRMED _____