



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](http://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 January 1, 2020 – June 30, 2021  
 \$50.00 if apply for renewal between July 1, 2021 – June 30, 2022  
 \$25.00 if apply for renewal between July 1, 2022 – June 30, 2023**

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) or you may call in and pay over the phone with a valid credit card DO NOT WRITE YOUR CREDIT CARD INFORMATION ON THIS FORM**