



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

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: _____