



REQUEST FOR EXTENSION OF FIRE CERTIFICATES

Incomplete forms **WILL NOT** be processed. Required fields, as indicated by an asterisk (*), must be completed.

(Please print legibly and use black or blue ink.)

The purpose of this form is to request a 90-day extension to complete the continuing education and / or instructional requirements to renew a Firefighter, Fire Safety Inspector, Hazard Recognition Officer, Fire Instructor, Assistant Fire Instructor, Fire Safety Inspector Instructor, and / or Live Fire Instructor certification.

Please note: If an extension of greater than 90 days is needed, a written request may be submitted in accordance with rules 4765-20-13 and / or rule 4765-21-12 of the Ohio Administrative Code (O.A.C.). These requests will be reviewed on a case-by-case basis. Only one extension can be granted for a certification period.

All certificates that are renewed subsequent to an extension will be audited.

Certificate holders cannot function beyond their expiration date unless on an approved extension.

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
HOME ADDRESS (STREET)*			P.O. BOX
CITY*	STATE*	ZIP CODE*	COUNTY OF RESIDENCE
HOME PHONE #	WORK PHONE #	CELL PHONE #	
E-MAIL ADDRESS*		SECONDARY E-MAIL ADDRESS	
CERTIFICATION #*	CERTIFICATION EXPIRATION DATE*	DATE OF BIRTH*	

EXTENSION REQUEST FOR THE FOLLOWING CERTIFICATION(S)*	COMPLETE	PARTIAL (if so, # of CE / Instructional hours completed)
<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FIREFIGHTER II	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FIRE SAFETY INSPECTOR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> HAZARD RECOGNITION OFFICER	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FIRE INSTRUCTOR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ASSISTANT FIRE INSTRUCTOR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FIRE SAFETY INSPECTOR INSTRUCTOR	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LIVE FIRE INSTRUCTOR	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT ATTESTATION

I understand that in requesting this 90-day extension, I certify that I am unable to meet the continuing educational requirements and / or instructional renewal requirements for certification renewal prior to the expiration date and in accordance with O.A.C. chapters 4765-20 and 4765-21.

I understand that should the extension request not be granted, my certification(s) will be considered lapsed / expired, and I must immediately cease functioning as a Firefighter, Fire Safety Inspector, Hazard Recognition Officer, Fire Instructor, Assistant Fire Instructor, Fire Safety Inspector Instructor, and / or Live Fire Instructor. I further understand that the certification(s) may be reinstated, in accordance with O.A.C. chapters 4765-20 and 4765-21.

APPLICANT SIGNATURE*	DATE*
X	

Return by e-mail to: ems-firecertifications@dps.ohio.gov	Or return by mail to: Ohio Department of Public Safety Division of Emergency Medical Services 1970 West Broad Street P.O. Box 182073 Columbus, Oh 43218-2073	Or return by fax to: (614) 466-9461
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For questions please contact us at: (800) 233-0785