



OHIO DEPARTMENT OF PUBLIC SAFETY  
DIVISION OF EMERGENCY MEDICAL SERVICES

**FIREFIGHTER, FIRE SAFETY INSPECTOR, AND / OR HAZARD  
RECOGNITION OFFICER REINSTATEMENT APPLICATION**

Incomplete applications **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 apply for reinstatement of an expired, voluntarily surrendered, or revoked Volunteer Firefighter, Firefighter I, Firefighter II, Fire Safety Inspector, and / or Hazard Recognition Officer certificate to practice. For information on reinstatement requirements, please visit our webpage at [www.ems.ohio.gov](http://www.ems.ohio.gov).

<b>Before submitting this application, you must:</b>			
<ul style="list-style-type: none"> <li>• Have previously held a certificate, for the level of certification sought. A Fire Safety Inspector may reinstate at the Fire Safety Inspector level or drop back to Hazard Recognition Officer;</li> <li>• Meet all reinstatement qualifications outlined in Chapter 4765-20 of the Ohio Administrative Code (O.A.C.) and</li> <li>• Submit a complete and legible reinstatement application and <b>attach all documentation required for reinstatement.</b></li> </ul>			
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 NUMBER	WORK PHONE NUMBER	CELL PHONE NUMBER	
E-MAIL ADDRESS*		SECONDARY E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER*	Disclosure of social security number is mandatory pursuant to Ohio Revised Code (R.C.) 3123.50 in furtherance of licensing provision and any other state or federal requirements.		DATE OF BIRTH
CERTIFICATION NUMBER*	CERTIFICATION EXPIRATION DATE*	CERTIFICATION REVOCATION DATE* <input type="checkbox"/> N/A	

<b>EXPIRED / REVOKED / SURRENDERED CERTIFICATE(S)*</b> (Select all that apply)	
<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/> FIRE SAFETY INSPECTOR
<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/> HAZARD RECOGNITION OFFICER
<input type="checkbox"/> FIREFIGHTER II	

<b>SELECT THE CERTIFICATE(S) YOU WISH TO REINSTATE*</b> (Select all that apply)		<b>NOTE:</b> A Fire Safety Inspector may reinstate at the Fire Safety Inspector level or drop back to Hazard Recognition Officer. Select the level at which you wish to reinstate.
<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/> FIRE SAFETY INSPECTOR	
<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/> HAZARD RECOGNITION OFFICER	
<input type="checkbox"/> FIREFIGHTER II		

<b>ARMED FORCES INFORMATION*</b>	<b>Mark at least one response.</b>
Using the definition of armed forces provided, check all that apply and provide information requested.	
"Armed forces" means the armed forces of the United States, including the army, navy, air force, marine corps, coast guard, or any reserve components of those forces; the national guard of any state; the commissioned corps of the United States public health service; the merchant marine service during wartime; such other service as may be designated by congress; or the Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days. (R.C. section 5903.01)	
<input type="checkbox"/>	I am a veteran of the armed forces, discharged / released under honorable conditions. Year of discharge / release _____
<input type="checkbox"/>	I am a current member of the armed forces.
<input type="checkbox"/>	I am a spouse of a current member of the armed forces or a veteran, discharged / released under honorable conditions. Year of veteran's discharge / release _____
<input type="checkbox"/>	I am a surviving spouse of a service member or veteran, discharged / released under honorable conditions. Year of veteran's discharge / release _____
<input type="checkbox"/>	None of the above.

**You must answer the following questions for your application to be considered:\***

1. Do you have any charges pending or have a conviction for a felony or a misdemeanor (other than minor traffic violation)?\*  Yes  No
2. Has your fire certificate, in this or any other state, ever been suspended, revoked, or placed under disciplinary sanctions?\*

Yes  No

Yes  No

**If you answered "Yes" to either of these questions, complete the attached Declaration of Criminal History portion on page 3 of this application.**

**LIST FIRE AFFILIATION(S) (if any) If more room is needed, please attach separate sheet.**

DEPARTMENT / AGENCY NAME			
ADDRESS (STREET)	CITY	STATE	COUNTY
PRIMARY AFFILIATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER (See definitions below.)
DEPARTMENT / AGENCY NAME			
ADDRESS (STREET)	CITY	STATE	COUNTY
PRIMARY AFFILIATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> VOLUNTEER (See definitions below.)

**Full-time** means a person who provides services for this organization on a full-time basis and receives more than nominal compensation for the provision of services.

**Part-time** means a person who provides services for this organization on less than a full-time basis, is routinely scheduled to be present on site at a station or other designated location for purposes of responding to an emergency, and receives more than nominal compensation for the provision of services.

**Volunteer** means a person who provides services for this organization either for no compensation or for compensation that does not exceed the actual expenses incurred in providing the services or in training to provide the services.

I have attached proof of the required continuing education that shows approval by my fire chief or the program director of an Ohio-chartered fire training program.

**APPLICANT ATTESTATION**

I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this application constitutes falsification under Section 2921.13 of the R.C. and is a misdemeanor of the first degree. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate, as determined by the Executive Director. I further attest that I satisfy all requirements for a certificate at the levels sought in this application, as set forth in Section 4765.55 of the R.C. and Chapter 4765-20 of the O.A.C. I affirm that I am solely responsible for my certificate. I understand that I must maintain records relating to the requirements for continuing education and such records are subject to audit by the Division of EMS. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

APPLICANT SIGNATURE*	DATE*
<b>X</b>	

**OFFICE USE ONLY**

WRITTEN EXAMINATION DATE	CHARTER #	<input type="checkbox"/> CE APPROVED BY: _____  <input type="checkbox"/> CE DISAPPROVED BY: _____
WRITTEN EXAMINATION RESULT		
PRACTICAL EXAMINATION DATE	CHARTER #	
PRACTICAL EXAMINATION RESULT		

Return To:

OHIO DEPARTMENT OF PUBLIC SAFETY  
 DIVISION OF EMERGENCY MEDICAL SERVICES  
 1970 West Broad Street  
 P.O. Box 182073  
 Columbus, OH 43218-2073  
 or fax to: (614) 466-9461

or e-mail to: [ems-firecertifications@dps.ohio.gov](mailto:ems-firecertifications@dps.ohio.gov)

For questions please contact us at: (800) 233-0785

## DECLARATION OF CRIMINAL HISTORY

**INSTRUCTIONS:** All Information MUST be included. Print legibly and use black or blue ink. Complete the form in its entirety pursuant to R.C. Chapter 4765.

LEGAL LAST NAME*	LEGAL FIRST NAME*	LEGAL MIDDLE INITIAL	SUFFIX
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### CRIMINAL HISTORY INFORMATION

CRIMINAL CONVICTION	COURT WHERE CONVICTION OCCURRED	CONVICTION DATE	CONVICTION MISDEMEANOR / FELONY LEVEL	ARRESTING LAW ENFORCEMENT AGENCY

- I. If you have been convicted of any felony, a misdemeanor committed in the course of practice, or a misdemeanor involving moral turpitude, you shall provide the Division of Emergency Medical Services with all of the following:\*
1. **A civilian background check from the Bureau of Criminal Identifications & Investigations (BCI&I);**
  2. **Certified copy of the police or law enforcement agency report, if applicable;**
  3. **Certified copy of the judgment entry from the court in which the conviction occurred.**
- II. If you have previously disclosed any of the above information to the Division of EMS, please explain below to include when you reported the conviction(s) and submitted the documentation to the Division of EMS, and disposition taken by the Executive Director.\*

- III. Provide an explanation for the suspension, revocation, or other disciplinary sanction(s) issued against your certificate(s), name of the agency that took the disciplinary action and the date the action was taken.\*

### ATTESTATION:

I affirm that I have not been convicted of any other felony or misdemeanor other than the one(s) disclosed herein. I attest that all information provided is true and accurate to the best of my knowledge. I understand that a false statement on this application constitutes falsification under Section 2921.13 of the R.C. and is a misdemeanor of the first degree. Any false statement may also be grounds for denial, suspension, revocation, or other disciplinary action taken against my certificate as determined by the Executive Director. I am solely responsible for my certificate. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

APPLICANT'S SIGNATURE*	DATE*
<b>X</b>	