



## EXEMPTION REQUEST FOR CONTINUING EDUCATION FOR FIRE CERTIFICATES

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 request a complete or partial exemption of the continuing education and / or instructional requirements to renew a Firefighter, Fire Safety Inspector, Hazard Recognition Officer, Fire Instructor, Fire Safety Inspector Instructor, and / or Live Fire Instructor certification due to active military duty, medical hardship, or unusual circumstances.

|                        |                                |                          |                     |
|------------------------|--------------------------------|--------------------------|---------------------|
| 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 |                     |
| CERTIFICATION NUMBER*  | CERTIFICATION EXPIRATION DATE* | DATE OF BIRTH*           |                     |

**ARMED FORCES INFORMATION\***     **Mark at least one response.**

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. (Ohio Revised Code [R.C.] Section 5903.01)

I am a veteran of the armed forces, discharged / released under honorable conditions.  
Year of discharge / release \_\_\_\_\_

I am a current member of the armed forces.

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 \_\_\_\_\_

I am a surviving spouse of a service member or veteran, discharged / released under honorable conditions.  
Year of veteran's discharge / release \_\_\_\_\_

None of the above.

| EXEMPTION REQUEST FOR THE FOLLOWING CERTIFICATION(S)*     | COMPLETE                 | PARTIAL, if so number 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"/> FIRE SAFETY INSPECTOR INSTRUCTOR | <input type="checkbox"/> | <input type="checkbox"/> _____                              |
| <input type="checkbox"/> LIVE FIRE INSTRUCTOR             | <input type="checkbox"/> | <input type="checkbox"/> _____                              |

**JUSTIFICATION FOR THE EXEMPTION REQUEST\***

- Active military duty served during the certification period.
  - Request must be submitted no later than 6 months from discharge.
  - Must submit DD214 or copy of official orders.
  
- Medical hardship or unusual circumstances that impacted ability to comply with CE requirements.
  - Request must be submitted to the Division of EMS prior to expiration date of certificate.
  - Please submit documentation that demonstrates impact on your ability to comply.

**APPLICANT ATTESTATION**

I understand that in requesting this exemption, 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 Chapters 4765-20 and / or 4765-21 of the Ohio Administrative Code (O.A.C.). I understand that should the exemption 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, Fire Safety Inspector Instructor, and / or Live Fire Instructor. I hereby give permission to the Ohio Department of Public Safety, Division of EMS to verify any of the above information.

|                                  |       |
|----------------------------------|-------|
| APPLICANT SIGNATURE*<br><b>X</b> | DATE* |
|----------------------------------|-------|

Return To:

OHIO DEPARTMENT OF PUBLIC SAFETY  
OHIO 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