



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

**FIREFIGHTER AND / OR FIRE SAFETY INSPECTOR
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 Volunteer Firefighter, Firefighter I, Firefighter II, or Fire Safety Inspector certificate to practice. If your Firefighter and / or Fire Safety Inspector certificate, in this or any other state, has ever been permanently revoked you are not eligible to reinstate the certificate(s). For information on reinstatement requirements, please visit our webpage at www.ems.ohio.gov.

Before submitting this application, you must:

- Have previously held a certificate, for the level of certification sought, that was in good standing when it expired, or was voluntarily relinquished;
- Meet all reinstatement qualifications outlined in rule 4765-20-08 of the Ohio Administrative Code (O.A.C.) and 4765-20-02 or 4765-20-03 of the O.A.C., as applicable; and
- Submit a complete and legible reinstatement application and attach all documentation required for reinstatement.

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 Firefighter or Fire Safety Inspector certificate, in this or any other state, ever been suspended, revoked, or is currently under disciplinary sanctions?* 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.

DO YOU HAVE A CURRENT OHIO EMS OR FIRE CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, OHIO CERTIFICATION NUMBER*	
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
EXPIRED / REVOKED CERTIFICATION NUMBER*	CERTIFICATION EXPIRATION DATE* <input type="checkbox"/> N/A	CERTIFICATION REVOCATION DATE* <input type="checkbox"/> N/A	
LEVEL OF EXPIRED CERTIFICATION*			
<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/> FIREFIGHTER II	<input type="checkbox"/> FIRE SAFETY INSPECTOR
REQUESTED REINSTATEMENT LEVEL*			
<input type="checkbox"/> VOLUNTEER FIREFIGHTER	<input type="checkbox"/> FIREFIGHTER I	<input type="checkbox"/> FIREFIGHTER II	<input type="checkbox"/> FIRE SAFETY INSPECTOR

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. (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.

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

DEPARTMENT / AGENCY NAME			
ADDRESS (STREET)	CITY	STATE	COUNTY
DEPARTMENT / AGENCY NAME			
ADDRESS (STREET)	CITY	STATE	COUNTY

FIREFIGHTER AND FIRE SAFETY INSPECTOR APPLICANTS

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 level 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 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'S SIGNATURE*	DATE*
X	

OFFICE USE ONLY

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

Return To:
OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES
1970 West Broad St., P.O. Box 182073
Columbus, OH 43218-2073
Any questions please contact us at:
(800) 233-0785 OR FAX: (614) 466-9461

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*
X	