

Florida Division of Forestry

Certified Burner's Training Course

*An Independent Study Course by Correspondence*



This course is designed to train experienced individuals in public and private agencies and organizations that are charged with the responsibility of performing prescribed fires.

## Session Dates

FALL 2009 START DATE: SEPTEMBER 1, 2009 END DATE: DECEMBER 31, 2009

Course coordinator will set up FINAL EXAM after homework assignments are submitted.

### PLEASE MAIL REGISTRATION FORM AND PAYMENT TO:

Hillsborough Community College  
Institute of Florida Studies  
1206 N. Park Rd  
Plant City, FL 33563

### MAKE CHECKS PAYABLE TO:

Hillsborough Community College

The registration fee for this course is \$160.

## COURSE GOALS

By sponsoring the voluntary certification program, the Florida Division of Forestry expects to achieve the following:

1. Better quality prescribed burning through the state.
2. Reduced likelihood of accidents occurring from smoke on highways.
3. Ability to preserve the practice of prescribed burning without stricter rules and regulations.
4. Provide additional consideration to certified prescribed burners when granting the authorizations to burn.

## COURSE OBJECTIVES

It is not the objective of this program to teach basic prescribed burning skills, but to certify that skilled individuals can demonstrate this knowledge and have pledged that they will use recommended procedures. This program will provide the requirements for the course completion step of certification. DOF District personnel must pass it before certification review and recommendation.

**Therefore, only those individuals who indicate that they have direct experience (not standby) in three or more prescribed burns to accomplish forest, wildlife management, range or ecological management purposes will be accepted as applicants.**

Information : 813-757-2207

E-Mail: [dlewis1@hccfl.edu](mailto:dlewis1@hccfl.edu)

## Florida Division of Forestry Application

Please complete the application form and return to Hillsborough Community College. Please be thorough in completing this form as the information you provide will determine whether or not you will be accepted as a participant in the Certified Burner's Course.

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST., Zip: \_\_\_\_\_

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST., Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Phone, Home: \_\_\_\_\_

Phone, Business: \_\_\_\_\_

Have you ever received an authorization from the DOF?  Y  N If yes, is it on a regular basis? \_\_\_\_\_

Have you ever prepared a written prescribed burning plan?  Y  N

List dates for prescribed burns within the past 12 months in which you have **actively participate** and list the type of burn.

**DATE**

**TYPE**

(Ex. Silvicultural, Wildlife Mgmt., Ecological, Etc) \*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In what counties of Florida have you had experience burning? \_\_\_\_\_

What formal training courses have you taken and when? \_\_\_\_\_

In how many prescribed burns have you directly participated? (Circle one)

A. 0 B. 1-2 C. 3-10 D. 11-25 E. 26-50 F. More than 50

**\*A minimum of 3 burns is required.**

---

# HILLSBOROUGH

Community College 

## Continuing Education Registration

Please mail this registration form with the correct fees to HILLSBOROUGH COMMUNITY COLLEGE, INSTITUTE OF FLORIDA STUDIES, PLANT CITY CAMPUS, 1206 N. PARK RD., PLANT CITY, FL 33563 Duplicate this form as needed.

Social Security \_\_\_\_\_ Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_ Senior Waiver \_\_\_\_\_  
 High School Diploma  Yes  No Date received \_\_\_\_\_  
 General Education Development Certificate  Yes  No Date received \_\_\_\_\_

The following information is required by the U. S. Office of Education:

- White, Non-Hispanic (1)  American Indian or Alaskan Native (3)  Hispanic (5)  
 Asian or Pacific Islander (2)  Black, Non-Hispanic (4)

**Residency Statement**

- I certify that I have resided in Florida as a resident for the past 12 consecutive months or otherwise meet the residency requirements outlined in the law of the State of Florida \_\_\_\_\_ (month) \_\_\_\_\_ (year)
- I have not resided in Florida as a permanent resident for the past 12 consecutive months and I do not meet the residency requirements.

I declare under penalty of perjury punishable by law as a misdemeanor under Section 837.06, F.S., that the foregoing is true and accurate.

Student \_\_\_\_\_ Date \_\_\_\_\_

Refunds will be made available for withdrawals prior to the second class meeting or prior to the first class meeting for one-day seminars. This registration form does not constitute regular admission to HCC.

Term Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Course Prefix	Course Number	Section Number	Course Title	Days	Time	Campus	Fee
EVS	8301						

ADDRESS WHERE MATERIALS ARE TO BE SENT: \_\_\_\_\_

AGENCY OR PLACE OF EMPLOYMENT: \_\_\_\_\_