



**CHICAGO FIRE DEPARTMENT**  
 Bureau of Fire Prevention  
APPLICATION for FIRE GUARD LICENSE

License # \_\_\_\_\_

*Official Use Only*

This form must be correctly filled in and all questions must be answered. Answers must be in ink. False affidavit means denial or revocation of license.

**Applicants shall not be less than legal age (18 years).**

NOTE: Serious physical handicaps which would prevent an applicant from properly performing the duties required by the municipal code will be considered by the Department and may be cause for denial and/or revocation of license.

<b>A</b>	<b>STATEMENT OF APPLICANT</b>
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|---|--|
| 1. Name in Full: _____  | 2. DL or State ID.: _____                                |
| 3. Date of Birth: _____   | 4. Place of Birth: _____                                 |
| 5. Present address: _____   |  |
| Street  |  |
| City  |  |
| State   |  |
| Zip Code  |  |
| 6. Telephone Number: _____  | 7. Email: _____  |
| 8. How long have you resided at your present address? _____   |  |
| 9. Are you addicted to the use of intoxicating beverages or narcotics?                              | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 10. Have you any defect of sight, hearing, speech or limb?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11. Were you ever convicted of a felony?  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 12. Have you a Letter of Verification of Employment for the past two years?<br>If yes, attach same. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 13. Length of employment in these previous positions: _____   |  |
| 14. Have you ever had a fire guard license revoked?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 15. List fire education/training background: _____  |  |

<b>B</b>	<b>DEPARTMENT USE ONLY</b>
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**Police Department Report**

No Record - Name Check Only				No Record - Name Check Only			
Chicago Police Department Records and Communications				Chicago Police Department Records and Communications			
Date		Per		Date		Per	

**Fire Instruction Report**

The applicant has completed the test for Fire Guard and has been found qualified.

Date of Issue:		Examiner:	
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