



Department of Emergency Services and Public Protection
 COMMISSION ON FIRE PREVENTION AND CONTROL

**HEALTH AND SAFETY OFFICER
 EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate must complete this entire application prior to submission.

APPLICANT DATA

Last name		First name	MI
Home Street Address			
Town		State	Zip Code
Telephone Home ()		Work ()	Cell ()
Fire Department Name:			
Fire Department City/Town:			
Check One: Fire Service <input type="checkbox"/> Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/> _____		Email Address:	
ID Number _____ - _____		Your ID consists of the <u>first (3) letters of your last name</u> and the <u>last four (4) numbers of your social security number</u> . Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555	
By my signature, I acknowledge that, per State Regulations, I have 12 months from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.		Applicant Signature _____	

WRITTEN EXAMINATION DATA

Examination Date _____	The Certification Unit <u>must</u> receive applications a minimum of 10 business days prior to the requested examination date. Late applications will not be accepted or processed.
Examination Location _____	

\$35.00 application fee required with application.

Check (please indicate check # and date)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Security Code _____
	Card Holder's Name: _____
	Card Holder's Signature _____
	Expiration Date: _____
DO NOT SEND CASH	

By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.

Applicant's Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control
 34 Perimeter Road
 Windsor Locks, CT 06096-1069

NAME: _____ FFID#: _____

HEALTH AND SAFETY OFFICER – NFPA Standard 1521 Compliance

All objectives of NFPA Standard 1521, Chapter 5, Health and Safety Officer, 2015 edition, must be addressed by an approved training methodology and duty assignment prior to acceptance into the certification testing process.

Practical Skills Evaluation Sheets: Each candidate for Health and Safety Officer Certification must be provided with, exposed to, and evaluated on all Health and Safety Officer Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Health and Safety Officer Skills Evaluation Sheets.

I hereby acknowledge receipt of the Health and Safety Officer Practical Skills Evaluation Sheets Candidate Initials:

Compliance Method 1 - Successful completion of the Connecticut Fire Academy Health and Safety Officer training program

Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Health and Safety Officer accredited certification

Compliance Method 3 - Examination Challenge – Director of Certification Approval Required

Health and Safety Officer – Practical Skills Compliance

SS Number	Date of Completion	Evaluator Initials	SS Number	Date of Completion	Evaluator Initials
HSO – 1			HSO – 19		
HSO – 2			HSO – 20		
HSO – 3			HSO – 21		
HSO – 4			HSO – 22		
HSO – 5			HSO – 23		
HSO – 6			HSO – 24		
HSO – 7			HSO – 25		
HSO – 8			HSO – 26		
HSO – 9			HSO – 27		
HSO – 10			HSO – 28		
HSO – 11			HSO – 29		
HSO – 12			HSO – 30		
HSO – 13			HSO – 31		
HSO – 14			HSO – 32		
HSO – 15			HSO – 33		
HSO – 16			HSO – 34		
HSO – 17			HSO – 35		
HSO – 18					

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1521, 2015 edition, *Fire Department Safety Officer*, Health and Safety Officer. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies*, Section 7-323I. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date