

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

RESCUE TECHNICIAN – ROPE I/II 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 | | 1 | | | | | 1 | |
| Town | | | | | State | | Zip Code | |
| Telephone Home () | | Work () | | , | Cell (|) | | |
| Fire Department Name: | | | | | • | , | | |
| Fire Department City/Town | • | | | | | | | |
| Firefighter (Check One): | | | Em | Email Address: | | | | |
| Career Volunteer | | | | | | | | |
| | | | | Your ID consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers</u> <u>of your social security number.</u> | | | | |
| ID Number | | | Example: | Example: John Adams – SS # 000-00-5555 | | | | |
| | | | The new II | The new ID # will be ADA-5555 | | | | |
| Prerequisite Examination Level | | | | | | | | |
| Rescue Technic | | 0: : 5 | | | | | | |
| 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 | | | | Applicant Signa | ture | | | |
| WRITTEN EXAMINATION DATA | | | | | | | | |
| Evenination Data | | | T1. | 0 | -: | :: | | |
| Examination Date | | | | The Certification Unit <u>must</u> receive applications a minimum of 10 business days prior to the requested examination date. | | | | |
| Examination Location | | | | Late applications will not be accepted or processed. | | | | |
| | | | | | | - | | |
| \$50.00 application fee requ | uired with appl | ication. Please | e check typ | e of payment be | elow: | | | |
| Check (please indicate check # and date) | □ VISA □ MasterCard # Securi | | | | | _ Security Cod | e | |
| | 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 a 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 | | | | |
| Remit completed application | on and fee to: | Commission | on on Fire I | Prevention and | Control | | | |

34 Perimeter Road

Windsor Locks, CT 06096-1069

| NAME: | FFID#: | | | | | | |
|---|---------------------|--|--|--|--|--|--|
| RESCUE TECHNICIAN – ROPE I/II NFPA Standard 1006, Cha | apter 6, Compliance | | | | | | |
| All objectives of NFPA Standard 1006, Chapter 6, must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application: | | | | | | | |
| Practical Skills Evaluation Sheets | | | | | | | |
| Each candidate for Rescue Technician - Rope I/II Certification must be provided with, exposed to, and evaluated on all Rescue Technician - Rope I/II Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Rescue Technician – Rope I/II Skills Evaluation Sheets. | | | | | | | |
| I hereby acknowledge receipt of the Rescue Technician – Rope I/II Practical Skills Evaluation Sheets | Candidate Initials: | | | | | | |
| | | | | | | | |
| Compliance Method 1 - Successful completion of the Connecticut Fire Academy Rescue Technician – Rope I/II training program | | | | | | | |
| Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Rescue Technician – Rope I/II accredited certification | | | | | | | |
| Compliance Method 3 - Examination Challenge – Director of Certification approval required | | | | | | | |
| NOTE: The examination served by this application is designed to examine only the objectives of Chapter 6 of NFPA Standard 1006, 2013 edition. | | | | | | | |
| By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1006, 2013 edition, <i>Rescue Technician – Rope</i> I/II. 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 <i>Regulations of Connecticut State Agencies</i> , Section 7-323/. 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 | | | | | | |