

RESCUE TECHNICIAN – TRENCH 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.

Last name	Fi	rst nam	IE			MI
Home Street Address						
Town				State		Zip Code
Telephone Home ()	Work ()			Cell ()	
Fire Department Name:						
Fire Department City/Town:						
Fire Fighter (Check One):		E	Email Address:			
Career 🗌 Volunteer 🗌						
ID Number		Your ID consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers</u> of your social security number. Example: John Adams – SS # 000-00-5555				
		The new ID # will be ADA-5555				
Prerequisite Examination Level						
Rescue Technician CORE						
By my signature, I acknowledge that, pe	er State Regulatio	ns, 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 must receive applications a minimum
Examination Location	of 10 business days prior to the requested examination date. Late applications will not be accepted or processed.

\$50.00 application fee required with application. Please check type of payment below:

check (please indicate check # and date)	□ VISA □ 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

Remit completed application and fee to:

Commission on Fire Prevention and Control 34 Perimeter Road Windsor Locks, CT 06096-1069 Date

RESCUE TECHNICIAN – TRENCH I/II NFPA Standard 1006, Chapter 8, Compliance

All objectives of NFPA Standard 1006, Chapter 8, 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 – Trench I/II Certification must be provided with, exposed to, and evaluated on all Rescue Technician – Trench 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 – Trench I/II Skills Evaluation Sheets.

I hereby acknowledge receipt of the Rescue Technician – Trench I/II Candidate Initials: Practical Skills Evaluation Sheets

Compliance Method 1 - Successful completion of the Connecticut Fire Academy Rescue Technician – Trench 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 – Trench 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 8 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, *Rescue Technician* – Trench 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 *Regulations of Connecticut State Agencies*, Section 7-323*I*. 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