



State of Connecticut
COMMISSION ON FIRE PREVENTION AND CONTROL

FIREFIGHTER I, FIREFIGHTER II, AND HM/WMD
Application for Certification

Please PRINT all information legibly as it will appear on your permanent records. Both the trainer & trainee 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:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _ _ _ _ - _ _ _ _ _		Your ID number consists of the <u>first (3) letters of your last name</u> and <u>the 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 _____	

EXAMINATION DATA

Type of Examination (Applicants may apply for both types of examinations on a single application) The Certification Division <u>must</u> receive applications a minimum of 10 business days prior to the requested examination date. Late applications will not be accepted.	
Written Examination ___ Date _____	Practical Examination ___ Date _____
Examination Location	Examination Location

\$95.00 application fee. Please check type of payment below:

Check (please indicate check # and date)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Security Code _____
	Card Holder's Name: _____
	Card Holder's Signature _____

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 *Practical Skills or Written* examination. I understand that intentionally making a false statement on this application is a Class A misdemeanor.

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#:

Firefighter I, II, HM/WMD – NFPA Standard 1001 & 1072 Compliance

The Application process for Firefighter I, II and HM/WMD Certification testing consists of two Sections:

Section A – Live Fire Suppression

Section B - Non-Live Fire: Firefighter I, Firefighter II and HM/WMD Practical Skills Compliance and Evaluation

Section A – Live Fire Suppression

Prior to certification at the Fire Fighter I and II levels, each candidate must complete specific live fire suppression activities in accordance with the following NFPA 1001 objectives: 5.3.7, 5.3.8, 5.3.10, 5.3.16, 5.3.19, 6.3.1, 6.3.2, and 6.3.3. These activities must be verified on a separate, "Firefighter I and Firefighter II Certification Live Fire Suppression Verification Form".

Section B - Non-Live Fire Practical Skills Compliance and Evaluation

Training Program Completion

All objectives of NFPA Standard 1001, Chapters 5 and 6, 2013 Edition and NFPA Standard 1072, Chapters 4, 5, and 6, 2017 Edition must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check methodology used below:

- Compliance Method 1 - Successful completion of the Connecticut Fire Academy Recruit Firefighter training program
- Compliance Method 2 – Successful completion of a Connecticut Regional Fire Training School Firefighter I/II training program
- Compliance Method 3 – Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Firefighter I/II accredited certification
- Compliance Method 4 - Individual training or educational programs (Prior CFPC approval required)

Training Program Location _____ Date Program Completed _____

Practical Skills Evaluation Sheets

Each candidate for Firefighter I, Firefighter II and HM/WMD Certification must be provided with, exposed to, and evaluated on all Firefighter I, Firefighter II and HM/WMD Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Firefighter I, Firefighter II and HM/WMD Skills Evaluation Sheets.

I hereby acknowledge receipt of the Firefighter I, Firefighter II and HM/WMD Practical Skills Evaluation Sheets.

Candidate initials:

By signing below, I certify that this candidate completed a training program designed to meet or exceed the requirements of NFPA 1001, Chapters 5 and 6, 2013 edition, and NFPA 1072, Chapters 4, 5, and 6, 2017 edition. 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