



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

**FIRE OFFICER I
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:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _____ - _____		Your ID 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		
Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite				
<input type="checkbox"/> State of Connecticut Certified Firefighter II		OR	<input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1977. AND <input type="checkbox"/> State of CT Certified Fire Service Instructor I	
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 (Check One). (Applicants may apply for both types of examinations on a single application). The Certification Unit must receive applications a minimum of 10 days prior to the requested examination date. Late applications will not be accepted or processed.	
Written Examination ____ Date _____	Practical Examination ____ Date _____
Examination Location _____	Examination Location _____

\$35.00 application fee required with application. 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 _____
	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#: _____

FIRE OFFICER I – NFPA Standard 1021 Compliance

All objectives of NFPA Standard 1021, Fire Officer I, 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 Fire Officer I Certification must be provided with, exposed to, and evaluated on all Fire Officer I Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Fire Officer I Skills Evaluation Sheets.

I hereby acknowledge receipt of the Fire Officer I Practical Skills Evaluation Sheets | Candidate Initials: _____

Compliance Method 1 - Successful completion of the Connecticut Fire Academy Fire Officer I training program

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

Compliance Method 3 - Examination Challenge – Director of Certification approval required

SS #	Job Performance Requirements	Completion Date	Evaluator Initials	Certification Only
4.1.2A	Prepare Report, Letter, Memo			
4.1.2B	Incident Management System			
4.2.1A	Planning, Assigning, Coordinating – Emergency Operations			
4.2.2A	Planning, Assigning, Coordinating – Non-Emergency Operations			
4.2.3A	Direct Unit Training			
4.2.4A	Recommend Action for Personnel Issue			
4.2.5A	Apply Human Resource Policy			
4.2.6A	Coordinate Projects and Task Assignments			
4.3.1A	Initiate Action: Community Need			
4.3.2A	Initiate Action: Citizen's Concern			
4.3.3A	Response to Public Inquiry			
4.4.1A	Implement A New Department Policy			
4.4.2A	Execute Administrative Functions			
4.4.3A	Prepare A Budget Request			
4.4.4A	Fire Department Organization			
4.4.5A	Collecting Incident Response Data			
4.4.5B	Prepare A Concise Report			
4.5.1A	Fire Inspection Procedures			
4.5.1B	Initial Investigation, Origin and Cause Determination			
4.5.2A	Pre-Incident Plan			
4.5.3A	Incident Scene Security			
4.6.1A	Develop Initial Action Plan			
4.6.2A	Implement Incident Action Plan			
4.6.3A	Develop and Conduct a Post Incident Analysis			
4.6.3B	Evaluate Skills			
4.7.1A	Safety Plan Implementation			
4.7.2A	Development of Accident Report / Investigation			
4.7.3A	Department Physical Fitness			
4.7.3B	Communicate Orally			

By signing below, I certify that this candidate is a graduate of a training program designed to meet or exceed the requirements of NFPA 1021, Chapter 4, 2014 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 7-323f. 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
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Lead Instructor Signature	Date
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