



**State of Connecticut  
Commission on Fire Prevention and Control**

**DRIVER OPERATOR - AERIAL**  
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 ( )
If your address on record has changed, check this box <input type="checkbox"/>				
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		
Check one <input type="checkbox"/> State of Connecticut Certified Fire Fighter I		OR <input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1977. Verification must be attached.		

By my signature, I acknowledge that, per State Regulations, I have <b>12 months</b> from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.	_____ Applicant Signature
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**WRITTEN EXAMINATION DATA**

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

\$15.00 application fee required with application. Please check type of payment below:

Cash	Check ( please indicate check # and date )	Purchase order	In-service or Calendar Class (fee included in tuition)
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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#: \_\_\_\_\_

**DRIVER OPERATOR - AERIAL – NFPA Standard 1002 Compliance**

All objectives of NFPA Standard 1002, Chapter 6, "Apparatus Equipped with an Aerial Device", 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:

- Compliance Method 1** - Successful completion of the Connecticut Fire Academy Driver Operator – Aerial training program
- Compliance Method 2** – Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Driver Operator – Aerial accredited certificate
- Compliance Method 3** - Individual training or educational programs (Prior CFPC approval required)

**Driver Operator - Aerial - Practical Skills Compliance**

All psychomotor objectives of NFPA Standard 1002, Chapter 6, "Apparatus Equipped with an Aerial Device", must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all Skill Sheets below.

All objectives of NFPA Standard 1002, Chapter 4, "General Requirements", must be addressed by possession of an appropriate, legal, motor vehicle driver's license prior to acceptance into the certification testing process. License information must be entered below.

**License Data**

Motor Vehicle License Number	Type	State
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**A Legible copy of the appropriate motor vehicle driver's license (CDL or CT license with Q endorsement) MUST be attached to this application.**

**Practical Skills**

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initial(s)	Certification Only
6.1.1A	Preventive Maintenance and Inspection			
6.2.1A	Operations and Positioning			
6.2.2A	Stabilization and Power Transfer			
6.2.3A	Operating the Aerial Device (Straight Ladder)			
6.2.3B	Operate Aerial Device (Elevated Platform)			
6.2.4A	Utilizing Emergency Operating Systems (Manual)			
6.2.4B	Utilizing Emergency Operating Systems (Electric)			
6.2.5A	Elevated Master Stream Operation (Pre-Piped)			
6.2.5B	Elevated Master Stream Operation (Ladder Pipe)			

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1002, Chapters 4 and 6, 2009 edition, will have been satisfactorily performed and evaluated by the certified instructor whose initials appear above and that the candidate for certification will have been exposed to all objectives of NFPA Standard 1002, Chapters 4 and 6, 2009 edition, as the result of the Compliance Method checked above and legal motor vehicle driver's license.

Driver Operator – Aerial Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date