



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

**AIRPORT FIREFIGHTER  
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:				
Firefighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _____ - _____			Your ID consists of the first (3) letters of your last name and the last four (4) numbers of your social security number. Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555	
<b>Prerequisite Certification Levels – Check applicable boxes</b>				
<input type="checkbox"/> State of Connecticut Certified Firefighter II		<input type="checkbox"/> and <input type="checkbox"/> Hazardous Materials Operational Level Certificate (copy 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 _____  Examination Location _____	The Certification Division <u>must</u> receive applications a minimum of 10 days prior to the requested examination date. Late applications will not be accepted
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\$15.00 application fee required with application. Please check type of payment below:

Cash	Check ( please indicate check # and date )	Purchase order	Inservice 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#: \_\_\_\_\_

<input type="checkbox"/>	<b>Compliance Method 1</b> - Successful completion of the Connecticut Fire Academy Airport Firefighter training program
<input type="checkbox"/>	<b>Compliance Method 2</b> – Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Airport Firefighter accredited certificate
<input type="checkbox"/>	<b>Compliance Method 3</b> - Individual training or educational programs (Prior CFPC approval required)

**AIRPORT FIREFIGHTER - Practical Skills Compliance**

All psychomotor objectives of NFPA Standard 1003, Airport Firefighter, must be successfully completed as the result of in-class activities with a corresponding examination or a stand-alone examination. 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.

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initials	Certification Only
6.2A	Day/Night Incident or Accident Response			
6.2B	Communications – Size Up and Traffic Control			
6.2C	Hazardous Condition – Standby			
6.3A	Dry Chemical Extinguisher – 250 foot Fuel Spill Fire			
6.3B	Hand Line – Fuel Spill Fire			
6.3C	Vehicle Turret – Fuel Spill Fire			
6.3D	Three Dimensional Aircraft Fuel Spill Fire			
6.3E	Aircraft Interior Fire Attack			
6.3F	Aircraft Engine Fire – APU, EPU			
6.3G	Attack Wheel Assembly Fire			
6.3H	Aircraft Ventilation			
6.3I	Replenish Extinguishing Agents			
6.3J	Overhaul and Preserve Evidence at Scene			
6.4A	Gain Access into Aircraft for Rescue			
6.4B	Disentangle and Remove an Entrapped Victim			
6.4C	Implement Initial Triage			

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1003, 2010 edition, have been satisfactorily performed and evaluated by the certified instructor whose initials appear above and that the candidate for certification has been exposed to all objectives of NFPA Standard 1003, 2010 edition, as the result of the Compliance Method checked above.

Airport Firefighter Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date