

Department of Emergency Services and Public Protection

Commission on Fire Prevention and Control

Connecticut Fire Academy

Request for Replacement Candidate Physical Ability Test Certificate

Requests for a replacement copy of the CPAT completion certificate must be made using this form which must be forwarded to the Training Registrar. Any request for a CPAT completion certificate made by a person who our records indicate had an original certificate issued will be considered a replacement copy.

Each request for a replacement copy must be accompanied by a \$5.00 replacement fee. No replacement copies will be issued without the receipt of the replacement fee.

Please complete the information section below and send to the:

Training Registrar
Connecticut Fire Academy
34 Perimeter Road
Windsor Locks, CT. 06096-1069

Name: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Is this a change of address? yes no

ID Number ___ - ___

(First three letters of your last name and last four number of your social security number)

Date of passing CPAT Test: ____/____/____
MM DD Year