



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 the <u>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 <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	

**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 <b>minimum of 10 business days</b> prior to the requested examination date. <b>Late applications will not be accepted.</b>	
Written Examination ___ Date _____	Practical Examination ___ Date _____
Examination Location	Examination Location

\$90.00 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 & 472 Compliance**

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

**Section A** - Local Fire Department Skills Evaluation

**Section B** - Fire Fighter I and Fire Fighter II Live Fire Suppression

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

**Section A – Position Task Book**

Evaluation and confirmation of the individual's performance of all tasks may involve more than one evaluator and can occur on the fire training ground or in a classroom simulation. All task must be evaluated. All statements within a task which require an action (contain an action verb) must be demonstrated before the task can be signed off.

**Position Task Book** I verify that the Firefighter I/Hazardous Materials Weapons of Mass Destruction Position Task Book is complete.

**Instructor Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Section B – 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 C - 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 472, Chapters 4, 5, and 6, 2013 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, Chapter 5 and 6, 2013 edition, and NFPA 472, Chapter 4, 5, and 6, 2013 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