



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

**FIREFIGHTER I / II / HMWMS
EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

NOTE: This application is only for pre-approved career entry-level firefighter training programs.

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 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 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 _____ Examination Location _____	Practical Examination ____ Date _____ Examination Location _____

\$90.00 application fee. Please check type of payment below:

Check-please indicate check # and date) DO NOT SEND CASH	Purchase order	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 *Practical Skills or Written* 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#:

Firefighter I, II, HM/WMS – NFPA Standard 1001 & 472 Compliance

The Application process for Firefighter I, II and HM/WMS 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/WMS Practical Skills Compliance and Evaluation

Practical Skills Evaluation Sheets

Each candidate for Firefighter I, Firefighter II and HM/WMS Certification must be provided with, exposed to, and evaluated on all Firefighter I, Firefighter II and HM/WMS 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/WMS Skills Evaluation Sheets.

I hereby acknowledge receipt of the Firefighter I, Firefighter II and HM/WMS Practical Skills Evaluation Sheets.

Candidate initials:

Section A – Local Fire Department Skills Evaluation

Certain Job Performance Requirements (JPRs) are fire department specific and cannot be effectively examined in a state or regional fire school examination setting. The following JPRs **must be performed, and evaluated, locally**. Failure to complete each JPR below will prevent entry into the Firefighter I, Firefighter II, HM/WMD examination process.

		Local Fire Department Sign off	Date Completed
JPR 5.2.1	Initiate response to a reported emergency SS# 5.2.1A, SS# 5.2.1B, SS# 5.2.1C		
JPR 5.2.2	Proper telephone communication procedures SS# 5.2.2A		
JPR 5.2.3	Fire Department radio communication procedures SS# 5.2.3A		
JPR 6.5.1	Fire Safety Survey in a Private Dwelling SS# 6.5.1A		
JPR 6.5.2	Present Fire Safety Information to Station Visitors SS# 6.5.2A, SS# 6.5.2B		

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 municipal career entry-level firefighter training program

Training Program Location _____ Date Program Completed _____

By signing below, I certify that this candidate is a graduate of 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