



State of Connecticut
COMMISSION ON FIRE PREVENTION AND CONTROL

FIREFIGHTER I 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 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		

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
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EXAMINATION DATA

Type of Examination (Check One). (Applicants may apply for both types of examinations on a single application) 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.	
Written Examination ___ Date _____ Examination Location	Practical Examination ___ Date _____ Examination Location

\$30.00 application fee. 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 *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 and HM/WMD – NFPA Standard 1001 and 472 Compliance

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

Section A - Local Fire Department Skills Evaluation

Section B - Live Fire Suppression

Section C - Non-Live Fire Practical Skills for Firefighter I and HM/WMD Compliance and Evaluation

Section A – Local Fire Department Skills Evaluation

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

Section B – Live Fire Suppression

Prior to certification at the Fire Fighter I level, 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, and 5.3.19. These activities must be verified on a separate, “**Firefighter I 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, Chapter 5, 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 a Connecticut Regional Fire School Firefighter I & HMWMD training program
- Compliance Method 2** -Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Firefighter I & HMWMD accredited certificate
- Compliance Method 3** - Individual training or educational program (Prior CFPC approval required)

Training Program Location _____

Date Program Completed _____

Practical Skills Evaluation Sheets

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

I acknowledge receipt of Firefighter I 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 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 7-323f. 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