



State of Connecticut
Commission on Fire Prevention and Control

FIRE OFFICER I
Application for Certification

Please **PRINT** all information legibly as it will appear on your permanent records. This entire application must be completed by **both** the trainer & trainee prior to submission.

APPLICANT DATA

Last name		First name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home ()		Work ()		
If your address on record has changed, check this box <input type="checkbox"/>				
Fire Department Name:				
Fire Department City/Town:				
Check One: Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination <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		
Prerequisite Certification Levels - Check applicable boxes				
<input type="checkbox"/> State of Connecticut Certified Firefighter II		<input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1977. Verification must be attached.		And <input type="checkbox"/> Fire Service Instructor I

WRITTEN EXAMINATION DATA

Examination Date _____	Applications must be received by the Certification Division a minimum of 10 days prior to the examination date applied for.
Examination Location _____	

\$7.50 application fee for a written examination 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.

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

FIRE OFFICER I – NFPA Standard 1021 Compliance

All objectives of NFPA Standard 1021, Fire Officer I, must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:

<input type="checkbox"/> Compliance Method 1 (Formal Connecticut Fire Academy Fire Officer I Program. All squares below must be initiated by CFA Instructor.)																
Session																
1	2	3	4	5	6	7	8	9	Mid term	11	12	13	14	15	ESD	Final
<input type="checkbox"/> Compliance Method 2 (Approved local or national Fire Officer I curriculum. Prior CFPC approval required)																
<input type="checkbox"/> Compliance Method 3 (Individual training programs. Prior CFPC approval required)																
<input type="checkbox"/> Compliance Method 4 (On the Job experience. Prior CFPC approval required)																

FIRE OFFICER I - Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1021, Fire Officer I, must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. 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	Activity/ Homework (CFA program Only)	Skill Sheet Title	Date of Completion	Evaluator Initials
4-2A	Simulator	Planning, Assigning, Coordinating - Emergency Operations		
4-2B	6-1G	Planning, Assigning, Coordinating - Non-Emergency Operations		
4-2C	1-1HW	Direct Unit Training		
4-2D	3-1HW	Prepare a Personnel Policy		
4-3A	7-1HW	Respond to a Citizen's/Community Inquiry/Concern		
4-3B	9 HW/6A	Deliver a Public Education Program		
4-4A	4-1HW	Implement a Department Policy		
4-4B	2-1HW	Execute Administrative Functions		
4-4C	5 HW	Prepare a Budget Request		
4-5A	11-16A	Initial Origin and Cause Determination		
4-5B	11-16B	Preservation of Evidence/Incident Scene Security		
4-6A	9-1HW	Pre-Incident Plan		
4-6B	Simulator	Initial Action Plan		
4-6C	Simulator	Emergency Operations Action Plan		
4-7A	5-1HW#1	Safety Plan Implementation		
4-7B	5-1HW#2	Development of Accident Report/Investigation		

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1021, Chapter 4, 2003 edition, will have been satisfactorily performed and evaluated by the certified instructor whose initials appear above and that the candidate for certification will have been exposed to all objectives of NFPA Standard 1021, Chapter 4, 2003 edition, as the result of the Compliance Method checked above.

Fire Officer Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date