



State of Connecticut
Commission on Fire Prevention and Control

FIRE OFFICER II
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 ()
If your address on record has changed, check this box <input type="checkbox"/>				
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 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		
Certification use only				
<input type="checkbox"/> State of Connecticut Certified Fire Officer I AND <input type="checkbox"/> State of Connecticut Certified Fire Service Instructor I				

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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WRITTEN EXAMINATION DATA

Examination Date _____ Examination Location _____	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
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\$15.00 application fee required with application. 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 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#: _____

FIRE OFFICER II – NFPA Standard 1021 Compliance

All objectives of NFPA Standard 1021, 2009 edition, Fire Officer II, 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:

- Compliance Method 1** - Successful completion of the Connecticut Fire Academy Fire Officer II training program
- Compliance Method 2** – Submission of a National Board on Fire Service Professional Qualifications, Inc. or the International Fire Service Accreditation Congress Fire Officer II accredited certificate
- Compliance Method 3** - Individual training or educational programs. (Prior CFPC approval required)

FIRE OFFICER II - Practical Skills Compliance

All psychomotor objectives (Job Performance Requirements) of NFPA Standard 1021, 2009 edition, Fire Officer II, 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	Job Performance Requirement	Completion Date	Evaluators Initials	Certification Only
5.2.1A	Initiate Action to Maximize Performance			
5.2.2A	Evaluate Job Performance			
5.2.3A	Create Professional Development Plan			
5.3.1A	Cooperate with Allied Organizations			
5.4.1A	Develop Policy or Procedure			
5.4.2A	Develop a Project or Divisional Budget			
5.4.3A	Describe Purchasing Process			
5.4.4A	Prepare News Release			
5.4.5A	Prepare a Report			
5.4.6A	Develop a Plan for Change			
5.5.1A	Determine Cause and Origin			
5.6.1A	Produce Operational Plans			
5.6.2A	Develop and Conduct a Post Incident Analysis			
5.6.3A	Prepare a Written Report – Incident Report Data			
5.7.1A	Analyze Occupational Safety and Health Reporting			

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1021, Fire Officer II, 2009 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, 2009 edition, as the result of the Compliance Method checked above.

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