



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

**FIRE OFFICER II
EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

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 consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers of your social security number.</u> Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555 | | |
| Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite | | | | |
| <input type="checkbox"/> State of Connecticut Certified Fire Officer I | | AND | <input type="checkbox"/> State of CT 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 | |

EXAMINATION DATA

| | |
|---|---------------------------------------|
| Type of Examination (Check One). (Applicants may apply for both types of examinations on a single application). The Certification Unit <u>must</u> receive applications a minimum of 10 days prior to the requested examination date. Late applications will not be accepted or processed. | |
| Written Examination ____ Date _____ | Practical Examination ____ Date _____ |
| Examination Location | Examination Location |

\$30.00 application fee required with application. Please check type of payment below:

| | | |
|--|----------------|--|
| Check (please indicate check # and date) | Purchase order | In-service or Calendar Class (fee included in tuition) |
| 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 examination. I understand that intentionally making a false statement on this application will result in revocation of certification.

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

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, 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:

Practical Skills Evaluation Sheets
 Each candidate for Fire Officer II Certification must be provided with, exposed to, and evaluated on all Fire Officer II Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Fire Officer I Skills Evaluation Sheets.

| | |
|--|---------------------|
| I hereby acknowledge receipt of the Fire Officer II Practical Skills Evaluation Sheets | Candidate Initials: |
|--|---------------------|

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Compliance Method 1 - Successful completion of the Connecticut Fire Academy Fire Officer II training program |
| <input type="checkbox"/> | Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Fire Officer II accredited certification |
| <input type="checkbox"/> | Compliance Method 3 - Examination Challenge – Director of Certification approval required |

By signing below, I certify that this candidate is a graduate of a training program designed to meet or exceed the requirements of NFPA 1021, Chapter 5, 2014 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 |