



**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. 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	
<b>Certification use only</b>				
<input type="checkbox"/> State of Connecticut Certified Fire Fighter II <b>OR</b> <input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1977. Verification must be attached. <b>AND</b> <input type="checkbox"/> Fire Service Instructor I				

By my signature, I acknowledge that, per State Regulations, I have <b>12 months</b> 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 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:

- Compliance Method 1** - Successful completion of the Connecticut Fire Academy Fire Officer I 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 I accredited certificate
- Compliance Method 3** - Individual training or educational programs. (Prior CFPC approval required)

**FIRE OFFICER I - Practical Skills Compliance**

All psychomotor objectives of NFPA Standard 1021, 2009 edition, 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	Skill Sheet Title	Date of Completion	Evaluator Initials	Certification Only
4.2.1A	Planning, Assigning, Coordinating – Emergency Operations			
4.2.2A	Planning, Assigning, Coordinating – Non-Emergency Operations			
4.2.3A	Direct Unit Training			
4.2.4A	Recommend Action for Personnel Issue			
4.2.5A	Apply Human Resource Policy			
4.2.6A	Coordinate Projects and Task Assignments			
4.3.1A	Initiate Action: Community Need			
4.3.2A	Initiate Action: Citizen's Concern			
4.3.3A	Response to Public Inquiry			
4.4.1A	Implement a New Department Policy			
4.4.2A	Execute Administrative Functions			
4.4.3A	Prepare a Budget Request			
4.4.4A	Fire Department Organization			
4.4.5A	Collecting Incident Response Data			
4.4.5B	Prepare a Concise Report			
4.5.1A	Fire Inspection Procedures			
4.5.1B	Initial Investigation, Origin and Cause Determination			
4.5.2A	Pre-Incident Plan			
4.5.3A	Incident Scene Security			
4.6.1A	Develop Initial Action Plan			
4.6.2A	Implement Incident Action Plan			
4.6.3A	Develop and Conduct a Post Incident Analysis			
4.7.1A	Safety Plan Implementation			
4.7.2A	Development of Accident Report/Investigation			
4.7.3A	Department Physical Fitness			

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1021, 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 Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date