



**State of Connecticut
Commission on Fire Prevention and Control**

**FIRE SERVICE INSTRUCTOR 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 <u>first (3) letters of your last name</u> and the <u>last four (4) numbers of your social security number</u> . Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
Check one <input type="checkbox"/> State of Connecticut Certified Fire Fighter II OR <input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1977. Verification must be attached.				

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 SERVICE INSTRUCTOR I – NFPA Standard 1041 Compliance

All objectives of NFPA Standard 1041, Fire Service Instructor 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 - Successful completion of the Connecticut Fire Academy Fire Service Instructor I training program |
| <input type="checkbox"/> | Compliance Method 2 - Submission of a National Board on Fire Service Professional Qualifications, Inc. or the International Fire Service Accreditation Congress Fire Service Instructor I certificate from an accredited organization |
| <input type="checkbox"/> | Compliance Method 3 - Individual training or educational programs. (Prior CFPC approval required) |
| <input type="checkbox"/> | Compliance Method 4 - Examination Challenge – Director of Certification Approval Required |

By signing below, I certify that this candidate completed a training program designed to meet or exceed the requirements of NFPA 1041, 2012 edition, *Standard for Fire Service Instructor Professional Qualifications*, Fire Service Instructor I. 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