



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

**RESCUE TECHNICIAN – CONFINED SPACE  
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 <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		
<b>Prerequisite Examination Level</b>				
<input type="checkbox"/> State of Connecticut Rescue Technician CORE Training				

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 _____	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
Examination Location _____	

\$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#: \_\_\_\_\_

**RESCUE TECHNICIAN – CONFINED SPACE NFPA Standard 1006, Chapter 9, Compliance**

All objectives of NFPA Standard 1006, Chapter 9, 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 Rescue Technician – Confined Space training program
- Compliance Method 2** - Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Rescue Technician - Confined Space accredited certificate
- Compliance Method 3** - Individual training or educational program (Prior CFPC approval required)

**NOTE: The examination served by this application is designed to examine only the objectives of Chapter 9 of NFPA Standard 1006, 2008 edition.**

**RESCUE TECHNICIAN – CONFINED SPACE - Practical Skills Compliance**

All psychomotor objectives of NFPA Standard 1006, Chapter 9, Confined Space Rescue, must be successfully completed as the result of in-class activities with a corresponding examination or a stand-alone examination. 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
9.1A	Pre-Plan			
9.1B	Incident Assessment			
9.3A	Scene Safety and Identification			
9.3B	Isolate and Control Hazards			
9.3C	Monitors Environment			
9.5A	Entry – Preparation			
9.5B	Entry Packaging			
9.5C	Ropes and Rigging (Knot Tying)			
9.5D	Lockout/Tagout			
9.5E	Air Supply System			
9.5F	Simple Advantage System			
9.6A	Secure Scene & Terminate Incident			

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1006, Chapter 9, 2008 edition, have been satisfactorily performed and evaluated by the certified instructor whose initials appear above and that the candidate for certification has been exposed to all objectives of NFPA Standard 1006, Chapter 9, 2008 edition, as the result of the Compliance Method checked above.

Rescue Technician – Confined Space - Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date