



State of Connecticut
Commission on Fire Prevention and Control

AERIAL OPERATOR Application for Certification

*Please **PRINT** all information legibly as it will appear on your permanent records. This entire application must be completed by **both** the trainer & trainee prior to submission.*

APPLICANT DATA

Last name	First name	MI
Home Street Address		
Town	State	Zip Code
Telephone Home ()	Work ()	
If your address on record has changed, check this box <input type="checkbox"/>		
Fire Department Name:		
Fire Department City/Town:		
Check One: Career <input type="checkbox"/> Volunteer <input type="checkbox"/> Combination <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	
Check one <input type="checkbox"/> State of Connecticut Certified Firefighter I	<input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1977. Verification must be attached.	

WRITTEN EXAMINATION DATA

Examination Date _____	Applications <u>must be</u> received by the Certification Division a minimum of 10 days prior to the examination date applied for.
Examination Location	

\$7.50 application fee for a written examination required with application. Please check type of payment below:

Cash	Check (please indicate check # and date)	Purchase order	Inservice 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.

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**

AERIAL OPERATOR – NFPA Standard 1002 Compliance

All objectives of NFPA Standard 1002, Chapter 6, "Apparatus Equipped with an Aerial Device", 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 (Formal Connecticut Fire Academy Aerial Operator Program)
<input type="checkbox"/>	Compliance Method 2 (Approved local or national Aerial Operator curriculum. Prior CFPC approval required)
<input type="checkbox"/>	Compliance Method 3 (Individual training programs. Prior CFPC approval required)
<input type="checkbox"/>	Compliance Method 4 (On the Job experience. Prior CFPC approval required)

Aerial Operator - Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1002, Chapter 6, "Apparatus Equipped with an Aerial Device", 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.

All objectives of NFPA Standard 1002, Chapter 4, "General Requirements", must be addressed by possession of an appropriate, legal, motor vehicle driver's license prior to acceptance into the certification testing process. License information must be entered below.

License Data

Motor Vehicle License Number	Type	State
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A Legible Copy of the appropriate motor vehicle driver's license (CDL or CT license with 2Q endorsement) MUST be attached to this application.

Practical Skills

SS Number	Activity/ Homework (CFA program Only)	Skill Sheet Title	Date of Completion	Evaluator Initial(s)
4.2.1A	N/A	Preventive Maintenance and Inspection		
6.1.1A	N/A	Preventive Maintenance and Inspection		
6.2.1A	N/A	Operations and Positioning		
6.2.2A	N/A	Stabilization and Power Transfer		
6.2.3A	N/A	Operating the Aerial Device (Straight Ladder)		
6.2.3B	N/A	Operate Aerial Device (Elevated Platform)		
6.2.4A	N/A	Utilizing Emergency Operating Systems (Manual)		
6.2.4B	N/A	Utilizing Emergency Operating Systems (Electric)		
6.2.5A	N/A	Elevated Master Stream Operation (Pre-Piped)		
6.2.5B	N/A	Elevated Master Stream Operation (Ladder Pipe)		

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1002, Chapters 4 and 6, 2003 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 1002, Chapters 4 and 6, 2003 edition, as the result of the Compliance Method checked above and legal motor vehicle driver's license.

Aerial Operator Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date