



State of Connecticut
Commission on Fire Prevention and Control

FIREFIGHTER II
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.		

EXAMINATION DATA

Type of Examination (Check One) (Applicants may apply for both types of examinations on a single application) Applications must be received a minimum of 10 days prior to date applied for.	
Written Examination _____ Date _____	Practical Examination _____ Date _____
Examination Location	Examination Location

\$7.50 application fee for a written examination and/or \$5.00 for a practical examination 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.

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

FIREFIGHTER II - INDIVIDUAL TRAINING RECORD

Name (Print)		ID # _____ - _____	
NFPA 1001 Chapter 6 Objectives	Quiz Grade <i>local option</i>	Date Psycho-Motor Objectives Met	
6-1 General			
6-1.1 Hazardous Materials Response - Operational Level		Note: a valid Haz Mat Operational Certificate may be used in lieu of a signature certifying training	
6-2 Fire Department Communications			
6-3 Fire Ground Operations			
6-4 Rescue Operations			
6-5 Prevention, Preparedness, and Maintenance			

We the undersigned, do hereby certify that all psycho-motor skills as required in NFPA Standard 1001, Chapter 6, 2002 edition, will have been satisfactorily performed and evaluated by the certified instructor whose signature appears below by the time of the Practical Skills Examination. It is understood that a skill evaluation will be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Date Psychomotor Skills will be satisfactorily performed and Evaluated: _____

Firefighter Trainee Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date