



State of Connecticut
Commission on Fire Prevention and Control

HEALTH and SAFETY OFFICER 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	
Prerequisite Certification Levels - Check applicable box		
<input type="checkbox"/> State of Connecticut Certified Fire Officer I or <input type="checkbox"/> Continuous service as a Fire Officer in a fire department since prior to July 1, 1986. Verification from the Chief of Department or supervisor must be provided.		

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**

HEALTH and SAFETY OFFICER – NFPA Standard 1521 Compliance

All objectives of NFPA Standard 1521, Chapter 4.2 and Chapter 5, Health and Safety Officer, 2002 edition, must be addressed by an approved training methodology and duty assignment prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:

Compliance Method 1 (Formal Connecticut Health and Safety Officer Program)

Compliance Method 2 (State of Connecticut Certified Safety Officer. This option valid until April 29, 2006)

Health and Safety Officer - Practical Skills Compliance

Any psychomotor objectives of NFPA Standard 1521, Chapter 4.2 and Chapter 5, Health and Safety Officer, 2002 edition, shall be considered to have been completed as the result of being assigned and authorized duties as the manager of a departmental health and safety program. Written verification of that fact by the Chief of Department or Chief Executive Officer shall accompany this application along with a written position/duties description outlining those duties to be performed that will demonstrate compliance with the above listed Chapters.

Verification attached

We the undersigned, do hereby certify that that the candidate for certification will have been exposed to all objectives of NFPA Standard 1521, Chapter 4.2 and Chapter 5, 2002 edition, as the result of the Compliance Method checked above if the candidate participated in a formal course of instruction.

Health and Safety Officer Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date