



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



**SAFETY OFFICER
Certification Examination Application Form**

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		Middle Initial
Home Street Address				
Town			State	Zip Code
Telephone Home		Work		
Social Security Number				
Date Certified as a State of Connecticut Fire Officer I:		Individuals not currently certified to the Fire Officer I level must have had 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.		

FIRE SERVICE AFFILIATION

Department Name		FDID # (if applicable)
Company/Unit		City/Town
Check One: Career _____ Volunteer _____ Call _____		
Date entered fire service (if applicable, include both volunteer and career time)		

EXAMINATION DATA

Type of Examination (Check One) (Applicants may apply for both types of examinations on a single application)	
Written Examination _____ Date _____	(Required for Challenge Examination Only) 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	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.

Applicants 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

SAFETY OFFICER - INDIVIDUAL TRAINING RECORD

Name (Print)	Social Security Number:	
NFPA 1521 Objectives	Quiz Grade <i>local option</i>	Date Psycho-Motor Objectives Met
2-1 Assignment		N/A
2-2 Qualifications		N/A
2-3 Authority		
3-1 Records and Data Management		
3-2 Liaison		N/A
3-3 Rules, Regulations, and Procedures		
3-4 Accident Prevention		N/A
3-5 Apparatus and Equipment		
3-6 Accident Investigation, Procedures, and Review		
3-7 Incident Scene Safety		
3-8 Training and Education		

We the undersigned, do hereby certify that all psycho-motor skills as required in NFPA Standard 1521 will have been satisfactorily performed and evaluated by the time of a formal practical skills examination. It is understood that a skill evaluation may be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Applicant Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date