



Department of Emergency Services and Public Protection  
COMMISSION ON FIRE PREVENTION AND CONTROL

**FIREFIGHTER I Only (no HMWMD skills)**

**EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

**NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.**

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate 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 (     )
Fire Department Name:				
Fire Department City/Town:				
Firefighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number    -		Your ID number 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		
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 _____	

**EXAMINATION DATA**

Type of Examination (Check One) (Applicants may apply for both types of examinations on a single application). The Certification Unit <u>must</u> receive applications a minimum of 10 days prior to the requested examination date. <b>Late applications will not be accepted or processed.</b>	
Written Examination ____ Date _____	Practical Examination ____ Date _____
Examination Location	Examination Location
\$35.00 application fee. Please check type of payment below:	
Check (please indicate check # and date)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Security Code ____ _ Card Holder's Name: _____ Card Holder's Signature _____ Expiration Date: _____

**DO NOT SEND CASH**

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 *Practical Skills* 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#:

## Firefighter I – NFPA Standard 1001 Compliance

The Application process for Firefighter I Certification testing consists of three Sections:

**Section A** – Local Fire Department Skills Evaluation

**Section B** – Live Fire Suppression

**Section C** - Non-Live Fire Practical Skills Compliance and Evaluation

### Practical Skills Evaluation Sheets

Each candidate for Firefighter I must be provided with, exposed to, and evaluated on all Firefighter I Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Firefighter I Skills Evaluation Sheets.

I hereby acknowledge receipt of the Firefighter I Practical Skills Evaluation Sheets.

Candidate initials:

### Section A – Position Task Book

Evaluation and confirmation of the individual's performance of all tasks may involve more than one evaluator and can occur on the fire training ground or in a classroom simulation. All task must be evaluated. All statements within a task which require an action (contain an action verb) must be demonstrated before the task can be signed off.

<b>Position Task Book</b>	I verify that the Firefighter I Position Task Book is complete.
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<b>Instructor Signature</b>	
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Date

### Section B – Live Fire Suppression

Prior to certification at the Firefighter I level, each candidate must complete specific live fire suppression activities in accordance with the following NFPA 1001 objectives: 4.3.7, 4.3.8, 4.3.10, 4.3.16, and 4.3.19. These activities must be verified on a **separate**, "**Firefighter I Certification Live Fire Suppression Verification Form**".

### Section C - Non-Live Fire Practical Skills Compliance and Evaluation

#### Training Program Completion

All objectives of NFPA Standard 1001, Chapter 4 must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check methodology used below:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Compliance Method 1</b> – Successful completion of a Connecticut Regional Fire Training School Firefighter I training program   |
| <input type="checkbox"/> | <b>Compliance Method 2</b> – Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Firefighter I accredited certification |
| <input type="checkbox"/> | <b>Compliance Method 3</b> – Fire department training program or educational programs (Prior CFPC approval required)   |
| <input type="checkbox"/> | <b>Compliance Method 4</b> – Challenge process. Director of Certification approve required   |

Training Program Location \_\_\_\_\_ Date program completed \_\_\_\_\_

By signing below, I certify that this candidate is a graduate of a training program designed to meet or exceed the requirements of NFPA 1001, Chapter 4, 2019 edition. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies*, Section 7-323f. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date