



State of Connecticut

Commission on Fire Prevention and Control

VEHICLE EXTRICATION VERIFICATION FORM

Fire Fighter II Certification

This Vehicle Extrication Verification Form, fully and accurately completed, shall be administered as part of the CFPC Certification process to indicate the Certification Candidate has met the Job Performance Requirements (JPRs) for the specified objectives for NFPA 1001, *Standard for Fire Fighter Professional Qualifications, 2013 Edition* (Refer to reverse side of form for JPR listing).

(Please Print Legibly):

Last Name	First Name	MI
Name of Fire Department		
FFID Number _____ - _____	Your FFID consists of the <u>first (4) letters of your last name, the first letter of your first name AND the last four (4) numbers of your Social Security Number.</u> Example: John Adams – SS # 000-00-5555. The new FFID# will be ADAMJ-5555	

INSTRUCTIONS: Complete the appropriate section(s) below based on the Certification Candidate's intended level of training and certification.

Vehicle Extrication

Objective #	Job Performance Requirement	Auditor's Initials	Date
6.4.1A	Vehicle Extrication		
6.4.1B	Crib and Shore Vehicle		

Vehicle Extrication Local Verification

The Certification Candidate must complete all of the JPR's listed below.

Objective #	Job Performance Requirement	Instructor's Initials	Date
6.4.2A	Rescue Team Assistance		
6.5.4B	Power Tool Selection		

This form is NOT valid without the signature of the Department Fire Chief or Designee or Director of the Regional School or Agency.

Affirmation of Signers: This is to attest that the Certification Candidate named above has successfully completed all Job Performance Requirements (JPRs) for each skill noted above during training conducted in accordance with an approved training program. (Refer to reverse side of form for JPR listing).

Department Fire Chief or Designee or Director of Regional Fire School or Agency

Print Name	Signature	Date
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