



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

DRIVER OPERATOR - AERIAL
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:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _ _ _ _ - _ _ _ _		Your ID 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		
Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite				
Check one <input type="checkbox"/> State of Connecticut Certified Firefighter I OR <input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1978. Verification must be attached.				

WRITTEN EXAMINATION DATA

Examination Date _____	The Certification Unit <u>must</u> receive applications a minimum of 10 business days prior to the requested examination date.
Examination Location _____	Late applications will not be accepted or processed.

License Data

Motor Vehicle License Number	Q Endorsement <input type="checkbox"/> CDL <input type="checkbox"/>	Expiration Date	Candidate Initials	Copy Attached <input type="checkbox"/>	Instructor Initials
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A Legible copy of the appropriate motor vehicle driver's license (CDL or CT license with Q endorsement) MUST be attached to this application.

\$35.00 application fee required with application. 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 examination. I understand that intentionally making a false statement on the application is a Class A misdemeanor.

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#: _____

DRIVER OPERATOR - AERIAL – NFPA Standard 1002 Compliance

All objectives of NFPA Standard 1002, Chapters 4 and 6, "Apparatus Equipped with an Aerial Device", must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:

Practical Skills Evaluation Sheets

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

I hereby acknowledge receipt of the Driver Operator-Aerial Practical Skills Evaluation Sheets.

Candidate Initials:

☐ **Compliance Method 1** – Successful completion of the Connecticut Fire Academy Driver Operator - Aerial training program

☐ **Compliance Method 2** – Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Driver Operator - Aerial accredited certification

☐ **Compliance Method 3** – Examination Challenge – Director of Certification approval required

Driver Operator - Aerial - Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1002, Chapter 6, "Apparatus Equipped with an Aerial Device", must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all Skill Sheets below.

All objectives of NFPA Standard 1002, Chapter 4, "General Requirements", must be addressed by possession of an appropriate, legal, motor vehicle driver's license prior to acceptance into the certification testing process.

Practical Skills

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initial(s)	Certification Only
6.1.1A	Preventive Maintenance (Specific)			
6.2.1A	Maneuver and Position Aerial Apparatus			
6.2.2A	Stabilize Aerial Apparatus			
6.2.3A	Maneuver and Position Control Station			
6.2.4A	Lower Aerial Device Using Emergency Operating System			
6.2.5A	Deploy and Operate Elevated Master Stream			

By signing below, I certify that this candidate is a graduate of a training program designed to meet or exceed the requirements of NFPA 1002, Chapter 6, 2014 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