



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

FIREFIGHTER II
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):		Email Address:		
Career <input type="checkbox"/> Volunteer <input type="checkbox"/>				
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		
Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite Check one <input type="checkbox"/> State of Connecticut Certified Firefighter I <input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1978. Verification must be attached.				
By my signature, I acknowledge that, per State Regulations, I have 12 months 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 must receive applications a minimum of 10 days prior to the requested examination date. **Late applications will not be accepted or processed.**

<p>Examination Location _____</p> <p>Examination Location _____</p> <p>\$35.00 application fee. Please check type of payment below:</p>		
<p>Check (please indicate check # and date)</p>	<p><input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____</p> <p>Card Holder's Name: _____</p> <p>Card Holder's Signature _____</p> <p>Expiration Date: _____</p>	<p>Security Code _____</p>

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 II – NFPA Standard 1001 Compliance

The Application process for Firefighter II 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

Section A – Local Fire Department Skills Evaluation

Certain Job Performance Requirements (JPR's) are fire department specific and cannot be effectively examined in a state or regional fire school examination setting. The following JPR's **must be performed, and evaluated, locally**. Failure to complete each JPR below will prevent entry into the Firefighter II examination process.

Practical Skills Evaluation Sheets

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

I hereby acknowledge receipt of the Firefighter II Practical Skills Evaluation Sheets.	Candidate Initials:
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Local Fire Department Sign off

Date Completed

JPR 6.5.1	Fire Safety Survey in a Private Dwelling SS# 6.5.1A		
JPR 6.5.2	Present Fire Safety Information to Station Visitors SS# 6.5.2A, SS# 6.5.2B		

Section B – Live Fire Suppression

Prior to certification at the Firefighter II level, each candidate must complete specific live fire suppression activities in accordance with the following NFPA 1001 objectives: 6.3.1, 6.3.2, and 6.3.3. These activities must be verified on a **separate, "Firefighter II 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 6 must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check methodology used below:

<input type="checkbox"/>	Compliance Method 1 - Successful completion of a Connecticut Regional Fire School Firefighter II training program
<input type="checkbox"/>	Compliance Method 2 – Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Firefighter 2 accredited certification
<input type="checkbox"/>	Compliance Method 3 – Fire department training or educational program (Prior CFPC approval required)
<input type="checkbox"/>	Compliance Method 4 - Examination Challenge – Director of Certification approval 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, 6, 2013 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 7-323l. 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
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| Lead Instructor Signature | Date |