FIRE INVESTIGATOR
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

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<tr>
<th>Last name</th>
<th>First name</th>
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<tr>
<th>Home Street Address</th>
<th>Town</th>
<th>State</th>
<th>Zip Code</th>
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<th>Telephone</th>
<th>Home ( )</th>
<th>Work ( )</th>
<th>Cell ( )</th>
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Fire Department Name:

Fire Department City/Town:

Fire Fighter (Check One):

Career [ ] Volunteer [ ]

Email Address:

ID Number ___ ___ ___ - ___ ___ ___

Your ID consists of the first (3) letters of your last name and the last four (4) numbers of your social security number.

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 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

WRITTEN EXAMINATION DATA

Examination Date ________________

Examination Location

The Certification Unit must receive applications a minimum of 10 business days prior to the requested examination date. Late applications will not be accepted or processed.

$35.00 application fee required with application. Please check type of payment below:

- [ ] VISA [ ] 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 this application will result in revocation of certification.

____________________________________________
Applicant’s Signature

Date

Remit completed application and fee to: Commission on Fire Prevention and Control

34 Perimeter Road

Windsor Locks, CT 06096-1069

C36-12/17
FIRE INVESTIGATOR – NFPA Standard 1033 Compliance

All objectives of NFPA Standard 1033, Fire Investigator, 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:

- [ ] Compliance Method 1 - Formal Connecticut State Fire Marshal Fire Investigator training program
- [ ] Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Fire Investigator accredited certification
- [ ] Compliance Method 3 – Examination Challenge – Office of Education Data and Management and Director of Certification approval required

Fire Investigator - Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1033, Fire Investigator, 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.

<table>
<thead>
<tr>
<th>SS #</th>
<th>Skill Sheet Title</th>
<th>Date of Completion</th>
<th>Evaluator Initials</th>
<th>Certification Only</th>
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<tbody>
<tr>
<td>4.2</td>
<td>Scene Examination</td>
<td></td>
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<td>4.3</td>
<td>Documenting the Scene</td>
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<td>4.4</td>
<td>Evidence Collection/Preservation</td>
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<td>4.5</td>
<td>Interview</td>
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<td>4.6</td>
<td>Post-Incident Investigation</td>
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<td>4.7</td>
<td>Presentation</td>
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By signing below, I certify that this candidate is a graduate of a training program designed to meet or exceed the requirements of NFPA 1033, 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 Evaluator in the accomplishment of these skills, per Regulations of Connecticut State Agencies, Section 7-323I. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Evaluator Printed Name               Telephone Number

Lead Evaluator Signature                 Date