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  Volunteer

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

Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite

Check one  ☐ State of Connecticut Certified Fire Fighter I  OR  ☐ Active member of a fire department with continuous service on or before July 1, 1977. Verification must be attached.

License Data

Motor Vehicle License Number  Q Endorsement  ☐ CDL  ☐ Expiration Date  Candidate Initials  Copy  Attached  Instructor Initials

A Legible copy of the appropriate motor vehicle driver’s license (CDL or CT license with Q endorsement) MUST be attached to this application.

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.

Check (please indicate check # and date)  ☐ 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
All objectives of NFPA Standard 1002, 2017 Edition, Chapter 4 and 5, “Apparatus Equipped with a Fire Pump”, 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-Pump Certification must be provided with, exposed to, and evaluated on all Driver Operator-Pump 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-Pump Skills Evaluation Sheets.

I hereby acknowledge receipt of the Driver Operator-Pump Practical Skills Evaluation Sheets  
Candidate Initials:

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

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

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

Driver Operator - Pump - Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1002, 2017 Chapter 5, “Apparatus Equipped with a Fire Pump”, 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, 2017 Edition, Chapter 4, “General Requirements” must be addressed by possession of an appropriate, legal, motor vehicle operator’s license prior to acceptance into the certification testing process.

<table>
<thead>
<tr>
<th>SS Number</th>
<th>Skill Sheet Title</th>
<th>Date of Completion</th>
<th>Evaluator Initials</th>
<th>Certification Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O.1</td>
<td>Preventive Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.O.2A</td>
<td>Produce Effective Streams – Internal Tank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.O.2B</td>
<td>Produce Effective Streams – Pressurized Source</td>
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<td></td>
<td></td>
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<tr>
<td>P.O.2C</td>
<td>Produce Effective Streams – Static Source</td>
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<tr>
<td>P.O.2D</td>
<td>Produce Effective Streams – Transfer from Internal Tank to External Source</td>
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<tr>
<td>P.O.3</td>
<td>Relay Pumping</td>
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<tr>
<td>P.O.4</td>
<td>Foam Fire Streams</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>P.O.5</td>
<td>Supply Water to Fire Sprinkler and Standpipe Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 5, 2017 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

Lead Instructor Signature  
Date