



State of Connecticut
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
COMMISSION ON FIRE PREVENTION AND CONTROL

PRACTICAL SKILLS EXAMINATION APPLICATION

Please **complete ALL** information. Incomplete applications will not be accepted.
This application MUST be submitted at least 8 weeks prior to the examination date

EXAMINATION DATA - Level Requested (Check One)

FF1/HM	FF2	FF1/2/HM	HM Tech	FSI-1	FSI-2	FO-1	FO-2	FO-3
RT/CS	RT/R	RT/TR	RT/VEH1/2	RT/SC	Other			

Number of Candidates	Primary Date:	Alternate Date:
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Location of Examination:
Street Address:
City or Town:
Telephone Number at Location:

Interior Fire Attack Burn Date:	Interior Fire Attack Burn Location:
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HOST DATA *This examination is being conducted on behalf of:*

Organization Name (i.e. Fire Department, Regional School)		
Name and Title of Head of Organization	Telephone Number	
Street Address		
City or Town	State	Zip Code
Examination Site Point of Contact - Name	Telephone Number Home	Work

LEAD INSTRUCTOR DATA

Name	Email
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REQUESTER DATA

Title	Last Name	First name	Middle Initial
Home Street Address			
City or Town		State	Zip Code
Telephone Home	Work	Cell	
ID Number:		Level of State of Connecticut Certification :	
Email:			
Requester's Signature			Date

Please remit completed application to: Commission on Fire Prevention and Control – Certification Unit
34 Perimeter Road, Windsor Locks, CT 06096
Fax. (860) 654-1889