

**Department of Emergency Services and Public Protection
Commission on Fire Prevention and Control
Connecticut Fire Academy**

Request for Replacement Candidate Physical Ability Test Certificate

Requests for a replacement copy of the CPAT completion certificate must be made using this form which must be forwarded to the Training Registrar. Any request for a CPAT completion certificate made by a person who our records indicate had an original certificate issued will be considered a replacement copy.

Each request for a replacement copy must be accompanied by a \$5.00 replacement fee. No replacement copies will be issued without the receipt of the replacement fee.

Please complete the information section below and send to the:

Training Registrar
Connecticut Fire Academy
34 Perimeter Road
Windsor Locks, CT. 06096-1069
Fax # 860-654-1889

ID Number — — — - — — — —

(First three letters of your last name and last four number of your social security number)

Name: _____

Home Address: _____

City: _____

State: _____ Zip: _____

Is this a change of address? Yes No

Date of passing CPAT Test: ____ / ____ / ____
 MM DD Year

Method of Payment – Do not send cash

Check Made payable to CFPC

Visa or MC Card # _____

Exp. Date: ____ / ____ / ____ Security Code on back _____

Card holder's Name: _____

Card holder's signature: _____