



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 FF2 FF1/HM FF1/2/HM HMWMS FSI-I FSI-II FO-I FO-II
 RT/CS RT/R RT/TR RT/V1/2 RT/SC PO AO TO 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

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	

Remit completed application to: Department of Emergency Services and Public Protection
 Commission on Fire Prevention and Control, Certification Unit
 34 Perimeter Road, Windsor Locks, CT 06096
 Ph. (860) 627 – 6363 Fax. (860) 654-1889