



**Department of Emergency Services and Public Protection
COMMISSION ON FIRE PREVENTION AND CONTROL**

Driver Operator – Aerial – NFPA Standard 1002 Compliance Document

Firefighter Name:

FFID#:

All objectives of NFPA Standard 1002, 2017 Edition, Chapters 4 and 6, "Apparatus Equipped with an Aerial Device", 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-Aerial Certification must be provided with, exposed to, and evaluated on all Driver Operator-Aerial 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-Aerial Skills Evaluation Sheets.

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

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

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

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

Driver Operator - Aerial - Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1002, 2017 Edition, Chapter 6, "Apparatus Equipped with an Aerial Device", 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 driver's license prior to acceptance into the certification testing process.

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initial(s)	Certification Only
A.O.1	Preventive Maintenance (Specific)			
A.O.2	Operations and Positioning			
A.O.3	Stabilization			
A.O.4	Maneuver and Position from Control Station			
A.O.5	Lower Aerial Device Using Emergency Operating System			
A.O.6	Deploy and Operate Elevated Master Stream			

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 6, 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 7-323I*. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date

By my signature below, I acknowledge that, per State Regulations, I have 12 months from the date of the Lead Instructors signature on this application to complete all Certification Examination components required for this Certification.

Applicant Signature

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 examination. I understand intentionally making a false statement on this application will result in revocation of certification.

Applicant Signature



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