



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

Firefighter I and Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction with Eight Mission Specifics – NFPA Standard 1001 and 1072 Compliance Document for Connecticut Certification

Firefighter Name: _____

FFID#: _____

The process for Firefighter I and HM/Mission Specifics Certification testing consists of two Sections:

Section A – Live Fire Suppression

Section B – Non-Live Fire Practical Skills for Firefighter I and HM/WMD Compliance & Evaluation and a Written Examination

Practical Skills Evaluation Sheets

Each candidate for Firefighter I, and Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction with Eight Mission Specifics Certification must be provided with, exposed to, and evaluated on all Firefighter I and Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction with Eight Mission Specifics Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Firefighter I and Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction with Eight Mission Specifics Skills Evaluation Sheets.

I hereby acknowledge receipt of the Firefighter I and Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction with Eight Mission Specifics Practical Skills Evaluation Sheets.

Candidate initials: _____

Section A – Live Fire Suppression

Prior to certification at the Fire Fighter I level, each candidate must complete specific live fire suppression activities in accordance with the following NFPA 1001 objectives: 5.3.7, 5.3.8, 5.3.10, 5.3.16, and 5.3.19. These activities must be verified on a separate, "**Firefighter I Certification Live Fire Suppression Verification Form**".

Section B - Non-Live Fire Practical Skills Compliance and Evaluation

Training Program Completion

All objectives of NFPA Standard 1001, Chapter 5, 2013 edition and NFPA Standard 1072, Chapters 4, 5, and 6, 2013 edition must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check methodology used below:

- Compliance Method 1** - Successful completion of a Connecticut Regional Fire School Firefighter I & HMWMD training program
- Compliance Method 2** - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Firefighter 1 and Hazardous Materials– Awareness/Operations/Weapons of Mass Destruction with Six Mission Specifics with Mission Specifics accredited certification
- Compliance Method 3** – Fire department training program or educational program (Prior CFPC approval required)
- Compliance Method 4** – Challenge process. Director of Certification approval required

Training Program Location _____ Date Program Completed _____

By signing below, I certify that this candidate is a graduate of a training program designed to meet or exceed the requirements of NFPA 1001, Chapter 5, 2019 edition, and NFPA 1072, Chapter 4, 5, and 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, I acknowledge that, per State Regulations, I have **12 months** from the date of the Lead Instructor's 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 17 years of age on the date of the *Practical Skills or Written* examination. Certification of those under the age of 18 will be held until reaching the age of 18. I understand that intentionally making a false statement on this application will result in revocation of certification.

Date of Birth for Applicants under 18 years of Age. Proof must be Submitted with this Document _____

Birth Date _____

Applicant's Signature _____

Date _____

