



State of Connecticut
 COMMISSION ON FIRE PREVENTION AND CONTROL

WRITTEN EXAMINATION APPLICATION

Please **PRINT** or **TYPE** all information. This entire application must be completed prior to submission.
This application MUST be submitted at least 4 weeks prior to the examination date.

Requested date should be 10 days after the Practical Skills Exam.

HOST DATA This examination is being conducted on behalf of:

Organization Name (i.e. Fire Department, Regional School)

EXAMINATION DATA

Primary Date	Alternate Date	Time of Examination	Facility can accommodate how many candidates?
Location of Examination			
Street Address			
City or Town			
Telephone Number at Location:			

Please indicate the number of Applicants/Students per applicable level:

Fire Fighter I/HMWMS		Fire Officer I		Rescue Technician – Vehicle I/II	
Fire Fighter II		Fire Officer II		Rescue Technician – Rope I/II	
Fire Fighter I/II/HMWMS		Fire Officer III		Rescue Tech – Confined Space I/II	
HMWMS		Fire Officer IV		Rescue Tech – Trench I/II	
Fire Service Instructor I		Health and Safety Officer		Hazardous Materials Technician	
Fire Service Instructor II		Incident Safety Officer – Fire Suppression		Public Fire and Life Safety Educator I	
Fire Service Instructor III		Driver Operator - Pump		Juvenile Firesetter Intervention Specialist I	
Fire Inspector I		Driver Operator - Aerial		Other:	
Fire Investigator		Driver Operator Mobile Water Supply - Tanker		Other:	

A minimum of 12 Applicants/Students are required for local examinations. In the event there are fewer than the required 12 Applicants/Students at the exam site, the Commission reserves the right to charge the requesting department or organization an examination administration fee.

As preconditions for this request, the Requester will ensure that the following requirements are met:

- All Applicants/Students must have an Acadis Portal Account to register for the exam.**
- All Prerequisites for the examination must be properly completed in ACADIS for each Applicant/Student a minimum of 10 days prior to the examination date requested. If not completed, the Applicant/Student will not be allowed to test.***

3. **All Applicants/Students for the examination must show a form of photo identification prior to any testing procedure.**
4. All Students/Applicants fighter shall have demonstrated proficiency in all skill evolutions identified for that level of certification, having been observed and evaluated in the accomplishment of those skills by a Certified Fire Service Instructor.
5. Local records concerning the evaluation of candidates are maintained by the Certified Fire Service Instructor, including copies of the checklists and evaluation sheets used in examining the practical skills proficiency of each applicant for certification.

If a check, money order, or purchase order is not enclosed with this application, please complete the following information for billing purposes.

BILLING INFORMATION

Check this box if the Student or their department is paying the Certification Examination Fee. Completion of the billing information below is not required if this box is checked.

Name		
Organization Name or City/Town		
Mailing Address		
City or Town	State	Zip Code

REQUESTER DATA

Last Name		First Name	Middle Initial
Home Street Address			
City or Town		State	Zip Code
Telephone Home ()		Work ()	
ID Number _ _ _ _ _ - _ _ _ _ _	Level of State of Connecticut Certification		
Email:			

By my signature below, I attest that I have the authority to request this examination for the named Fire Department, Regional School, or Organization and that all information contained herein is correct to the best of my knowledge.

Requester's Signature	Date
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Remit completed application to: Commission on Fire Prevention and Control
 Certification Division
 34 Perimeter Road
 Windsor Locks, CT 06096
 (860) 627 – 6363
 (860) 654 – 1889 Fax