



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

**Rescue Technician – Confined Space I/II – NFPA Standard 106, Chapter 7,
Compliance Document**

Firefighter Name:

FFID#:

All objectives of NFPA Standard 1006, Chapter 7, 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 Rescue Technician – Confined Space I/II Certification must be provided with, exposed to, and evaluated on all Rescue Technician – Confined Space I/II Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Rescue Technician – Confined Space I/II Skills Evaluation Sheets.

I hereby acknowledge receipt of the Rescue Technician – Confined Space I/II Practical Skills Evaluation Sheets **Candidate Initials:**

- Compliance Method 1** - Successful completion of the Connecticut Fire Academy Rescue Technician – Confined Space I/II training program
- Compliance Method 2** - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Rescue Technician – Confined Space I/II accredited certification
- Compliance Method 3** - Examination Challenge – Director of Certification Approval Required

NOTE: The examination served by this application is designed to examine only the objectives of Chapter 7 of NFPA Standard 1006, 2013 edition.

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1006, 2013 edition, *Rescue Technician – Confined Space I/II*. 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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