



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. ALL applications are processed in the order they are received in the certification office. ALL test date approvals are contingent on available calendar dates and certification personnel availability.***

**EXAMINATION DATA**

**Level Requested** (Circle One)

FF1      FF2      FF1/HM      FF1/2/HM      HMWMS      FSI-I      FSI-II      FO-I      FO-II  
 RT/CS      RT/R      RT/TR      RT/VR      RT/SC      OTHER

Number of Candidates	Primary Date:	Alternate Date:
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Location of Examination:
Street Address:
City or Town:
Telephone Number at Location:

FF1 Live Fire Date:	FF1 Live Fire Location:
FF2 Extrication Date:	FF2 Extrication Location:

**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

- 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.***
- All Applicants/Students for the examination must show a form of photo identification prior to any testing procedure.**



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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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Email completed application to [kevin.babcock@ct.gov](mailto:kevin.babcock@ct.gov) or send to:

Commission on Fire Prevention and Control  
Certification Division  
34 Perimeter Road  
Windsor Locks, CT 06096  
(860) 627 – 6363  
(860) 654 – 1889 Fax

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