



State of Connecticut
COMMISSION ON FIRE PREVENTION AND CONTROL

FIRE FIGHTER I and HM/WMD
Application for Certification

Please **PRINT** all information legibly as it will appear on your permanent records. Both the trainer & trainee must complete this entire application prior to submission.

APPLICANT DATA

Last Name		First Name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home ()		Work ()		Cell ()
Fire Department Name:				
Fire Department City/Town:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _ _ _ _ _ - _ _ _ _ _			Your ID number consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers of your social security number</u> . Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555	

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
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EXAMINATION DATA

Type of Examination (Check One) (Applicants may apply for both types of examinations on a single application) The Certification Division <u>must</u> receive applications a minimum of 10 days prior to the requested examination date. Late applications will not be accepted	
Written Examination ____ Date _____	Practical Examination ____ Date _____
Examination Location	Examination Location

\$30.00 application fee. Please check type of payment below:

Cash	Check-please indicate check # and date)	Purchase order	In service or Calendar Class (fee included in tuition)
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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 the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.

Applicant's Signature	Date
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Remit completed application and fee to: Commission on Fire Prevention and Control
34 Perimeter Road, Windsor Locks, CT 06096-1069

Name:

FFID#:

Fire Fighter I and HM/WMD – NFPA Standard 1001 and 472 (2008 Edition) Compliance

The Application process for Firefighter I and HM/WMD Certification testing consists of three Sections:

Section A – Local Fire Department Skills Evaluation

Section B – Live Fire Suppression

Section C - Non-Live Fire Practical Skills for Fire Fighter I and HM/WMD Compliance and Evaluation

Section A – Local Fire Department Skills Evaluation

Certain Job Performance Requirements (JPR’s) are fire department specific and cannot be effectively examined in a state or regional fire school examination setting. The following JPR’s **must be performed, and evaluated, locally**. Failure to complete each JPR below will prevent entry into the Fire Fighter I, HM/WMD examination process.

		Local Fire Department Sign off	Date Completed
JPR 5.2.1	Initiate response to a reported emergency SS# 5.2.1A, SS# 5.2.1B, SS# 5.2.1C		
JPR 5.2.2	Proper telephone communication procedures SS# 5.2.2A		
JPR 5.2.3	Fire Department radio communication procedures SS# 5.2.3A		

Section B – 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, “Fire Fighter I Certification Live Fire Suppression Verification Form”.

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

Training Program Completion
All objectives of NFPA Standard 1001, Chapter 5, 2008 edition and NFPA Standard 472, Chapters 4, 5, and 6, 2008 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** -Submission of a National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Firefighter I & HMWMD accredited certificate
- Compliance Method 3** - Individual training or educational program (Prior CFPC approval required)

Training Program Location _____ Date Program Completed _____

Practical Skills Evaluation Sheets
Each candidate for Fire Fighter I and HM/WMD Certification must be provided with, exposed to, and evaluated on all Fire Fighter I and HM/WMD Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate’s initials in this section acknowledge receipt of a copy of all Fire Fighter I and HM/WMD Skills Evaluation Sheets.

I acknowledge receipt of Fire Fighter I and HM/WMD Practical Skills Evaluation Sheets. Candidate initials: _____

We the undersigned, do hereby certify that all psychomotor skills as required in NFPA Standard 1001, Chapter 5, 2008 edition, and NFPA Standard 472, Chapters 4, 5 and 6, 2008 edition will have been satisfactorily performed and evaluated by the certified instructor whose signature appears below by the time of the Practical Skills Examination. It is understood that a skills evaluation will be administered by a representative of the Connecticut Commission on Fire Prevention and Control prior to granting of Certification.

Date psychomotor skills will be satisfactorily performed and evaluated:_____

Fire Fighter I and HM/WMD Certification Candidate Signature	Date
Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date