



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

**DRIVER OPERATOR MOBILE WATER SUPPLY - TANKER
 EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate 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 consists of the first (3) letters of your last name and the last four (4) numbers of your social security number. Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite				
<input type="checkbox"/> State of Connecticut Certified Firefighter I		OR	<input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1977. AND <input type="checkbox"/> State of CT Certified Driver Operator - Pump	
Verification must be attached.				

WRITTEN EXAMINATION DATA

Examination Date _____	The Certification Unit <u>must</u> receive applications a minimum of 10 business days prior to the requested examination date.
Examination Location _____	Late applications will not be accepted or processed.

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

Check (please indicate check # and date)	Purchase order	In-service or Calendar Class (fee included in tuition)
DO NOT SEND CASH		

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#: _____

DRIVER OPERATOR MOBILE WATER SUPPLY - TANKER – NFPA Standard 1002 Compliance

All objectives of NFPA Standard 1002, Chapters 4 and 10, “Mobile Water Supply Apparatus”, 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 Driver Operator- Mobile Water Supply Certification must be provided with, exposed to, and evaluated on all Driver Operator- Mobile Water Supply Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Driver Operator- Mobile Water Supply Skills Evaluation Sheets

I hereby acknowledge receipt of the Driver Operator- Mobile Water Supply Practical Skills Evaluation Sheets.	Candidate Initials:
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- Compliance Method 1** - Successful completion of the Connecticut Fire Academy Driver Operator – Mobile Water Supply-Tanker training program
- Compliance Method 2** - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Driver Operator - Mobile Water Supply accredited certification
- Compliance Method 3** - Examination Challenge – Director of Certification approval required

Driver Operator Mobile Water Supply – Tanker Practical Skills Compliance

All psychomotor objectives of NFPA Standard 1002, Chapters 4 and 10, “Mobile Water Supply Apparatus”, must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all Skill Sheets below.

All objectives of NFPA Standard 1002, Chapter 4, “General Requirements”, must be addressed by possession of an appropriate, legal, motor vehicle driver’s license prior to acceptance into the certification testing process. License information must be entered below.

License Data

Motor Vehicle License Number	Type	State
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A Legible Copy of the appropriate motor vehicle operator’s license (CDL or CT license with Q endorsement) MUST be attached to this application.

Practical Skills

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initial(s)	Certification only
4.2.1A	Preventive Maintenance (General)			
4.3.1A	Driving/Operating			
10.1.1A	Preventive Maintenance (Specific)			
10.2.1A	Maneuver and Position Mobile Water Supply – Fill Site			
10.2.2A	Maneuver and Position Mobile Water Supply – Dump Site			
10.2.3A	Establish a Water Shuttle Dump Site			

By signing below, I certify that this candidate is a graduate of a training program designed to meet or exceed the requirements of NFPA 1002, Chapter 10, 2014 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