

**Fire Service Technology
CERTIFICATION EXAM REQUEST**

This form must be completed, signed, and returned at least forty-five (45) days prior to the requested exam date

**Mail to: Eastern Idaho Technical College – 1600 S. 25 E. – Idaho Falls, ID 83404 *or*
Fax to: (208) 523-1815 Any questions? Contact Mariha (208) 535-5488**

This request is for: Written Exam Manipulative Skills Exam

Before a test will be scheduled, a minimum of five (5) candidates is required. If less than five (5) candidates, contact FST for other available options.

Department, Location, and Exam Information

Department name _____

Examination requested: *(Separate forms required for each exam level requested)*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Fire Fighter I | <input type="checkbox"/> Hazardous Materials Operations | <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Fire Officer II |
| <input type="checkbox"/> Fire Fighter II | <input type="checkbox"/> Driver/Operator Pumper | <input type="checkbox"/> Fire Instructor I | |

Number of candidates testing: _____

Examination requested to be conducted at:

Written exam date requested _____	Start time _____	Manipulative Skills Exam date requested _____	Start time _____
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Location/Building where written exam will be given _____	Location/Building where manipulative skill exam will be given _____
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Street address _____	City _____	State _____	Zip _____
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Exam Requested By:

Chief / Training Official Signature _____	Chief / Training Official Name (typed or printed) _____	Date _____
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Chief / Training Official Contact Number _____	Chief / Training Official Email Address _____
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Chiefs Verification of Testing, Facilities, and Equipment

I verify that the facilities and equipment used during this Written/Skills testing event ensures the health and safety of the participants. I also verify that the testing site, personal protective equipment, apparatus, and equipment used during the testing event meet the requirements of all applicable NFPA standards or other equivalent.

Chief Signature _____	Chief Name (printed) _____	Date _____
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Department Mailing Address _____	City _____	State _____	Zip _____
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