



Fire Service Technology
Fire Apparatus Driver/Operator-Pumper
Certification Application



Name: _____
(Last) (First) (MI)

SSN:

Mailing Address: _____

Work Phone: _____

City, State, Zip: _____

Home Phone: _____

E-Mail Address: _____

Cell Phone: _____

Fire Dept. Affiliation: _____

Fire Dept. Address: _____

City, State, Zip: _____

Written Test date requested		Location:		<input type="checkbox"/> Initial Test	<input type="checkbox"/> Re-test
Skills Test date requested		Location:		<input type="checkbox"/> Initial Test	<input type="checkbox"/> Re-test

Idaho Fire Fighter I and Hazardous Materials Operations certification are required before being eligible for Fire Apparatus Driver/Operator-Pumper certification

Notice: The driving skills in NFPA 1002, 2009 edition, are used to determine participant's competency to become certified by Idaho Fire Service Technology at the level of Driver/Operator-Pumper. The passing of these skills does not qualify a participant for any other certification or licensure, such as a Commercial Driver's License (CDL) and it is not intended to certify, verify, or approve an individual's ability to drive fire apparatus on public ways. The responsibility to determine who will drive fire apparatus resides with the local fire department or the authority having jurisdiction.

I certify that the applicant has successfully completed an approved course for Driver/Operator and has satisfactorily demonstrated the knowledge and skills in the required competencies for Driver/Operator-Pumper, and NFPA 1002, 2009 edition, *Standard for Fire Apparatus Driver/Operator Professional Qualifications*, utilizing *IFSTA Pumping Apparatus Driver/Operator Handbook*, 2nd Edition. All equipment furnished for skill testing will be compliant with applicable NFPA Standards.

Name of Chief: (printed)

Signature of Chief: Date

The information contained in this application is correct to the best of my knowledge. I understand and agree that any false statements or omissions of material facts will cause denial or forfeiture of my certification. I grant Fire Service Technology or its authorized representative's permission to review my department files, college/academic records, and other related training documentation.

Signature of applicant Date

I authorize the release of certification exam results to the Fire Chief or their designee of my organization. Yes No

Testing Accommodation: If you need testing accommodations for written and/or manipulative skills exams, please check this box and provide a brief explanation below specifying the reason(s). _____

Mail or fax to:
 Eastern Idaho Technical College Fire
 Service Technology (FST)
 1600 S. 25th E.
 Idaho Falls, ID 83404
 Fax: (208) 523-1815

Any questions? Contact:
 Mariha Berrett, Testing Coordinator
 Fire Service Technology (FST)
 (208) 535-5488 or (800) 662-0261
mariha.berrett@my.eitc.edu

Fire Apparatus Driver/Operator-Pumper

Local Verification

NFPA 1002, 2009 edition: Objectives 1.4.1, 1.4.2

Candidate's Name: _____ SSN: _____

Objective 1.4.1

The fire department vehicle driver/operators shall be licensed to drive all vehicles they are expected to operate. (Possess a valid Idaho Driver's License).

Objective 1.4.2

The fire department driver/operator shall be subject to periodic medical evaluations, as required by NFPA 1500, Section 10.1, Medical Requirements, to determine that the driver/operator is medically fit to perform the duties of a fire department vehicle driver/operator.

Affirmation

I have reviewed the candidate's file and certify that the candidate identified above has met the medical requirements. All information listed above can be documented by local department records.

Fire Department

Name of Chief: (printed)

Signature of Chief Date

Signature of Candidate Date

Fire Apparatus Driver/Operator-Pumper

Local Verification

NFPA 1002, 2009 edition; Objectives 4.3.6, 4.3.6 (A), 4.3.6 (B)

Candidate's Name: _____ SSN: _____

Objective 4.3.6

The candidate must demonstrate operating a vehicle using defensive driving techniques under **emergency conditions**, so that control of the vehicle is maintained.

4.3.6(A) Requisite Knowledge: The effects on vehicle control of liquid surge, braking reaction time, and load factor; the effects of high center of gravity on roll-over potential, general steering reactions, speed, and centrifugal force; applicable laws and regulation; principle of skid avoidance, night driving, shifting and gear patterns; negotiation of intersections; railroad crossings, and bridges; weight and height limitations for both roads and bridges; identification on operation of automotive gauges; operational limits.

4.3.6(B) Requisite Skills: The ability to operate passenger restrain devices; maintain safe following distances; maintain control of the vehicle while accelerating, decelerating, and turning, given road, weather, and traffic conditions; operate under adverse environmental or driving surface conditions; and use automotive gauges and controls.

Affirmation

I certify that the candidate identified above has demonstrated operating a vehicle using defensive driving techniques under emergency conditions, so that control of the vehicle was maintained. All information listed above can be documented by local department records.

Fire Department

Name of Chief: (printed)

Signature of Chief Date

Signature of Candidate Date