



Fire Service Technology Fire Fighter I Certification Application



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

Mailing Address: _____ Work Phone: _____

City, State, Zip and County: _____ Home Phone: _____

E-Mail Address: _____ Cell Phone: _____

Fire Dept. Affiliation: _____ Date of Birth:

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
		<input type="checkbox"/>	<input type="checkbox"/>

Each applicant is responsible to bring NFPA approved turnout gear including helmet, coat, pants, boots, gloves, and SCBA for Fire Fighter I manipulative skills testing. This includes Live Fire testing.

I certify that the applicant has successfully completed an approved course for Fire Fighter I and has satisfactorily demonstrated the knowledge and skills in the required competencies for Fire Fighter I and NFPA 1001, 2013 edition, *Standard for Fire Fighter Professional Qualifications*, utilizing IFSTA *Essentials of Fire Fighting*, 6th Edition. In addition, the applicant meets the competencies of NFPA 472, 2013 edition, *Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents* operations Level, utilizing Jones & Bartlett *Hazardous Materials Awareness and Operations*, 1st Edition. I also certify that the applicant meets the medical and physical fitness requirements required by my department to perform the duties of fire fighter.

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 Fighter I
Local Verification
NFPA 1001, 2013 edition: Objective 4.3

Candidate's Name: _____ SSN: _____

Objective 4.3

The candidate must have completed the emergency medical care performance capabilities listed below to meet the objectives of NFPA 1001, current edition. These requirements must be developed and validated at the local level. Documentation of the requirements contained below is subject to verification by Fire Service Technology.

The candidate identified above has met minimum emergency medical care requirements, including CPR, Infection Control, Bleeding Control, and Shock Management.

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 Service Technology

Fire Fighter I

Live Fire Training

Candidates: PRINT THIS FORM AND TAKE IT WITH YOU TO THE LIVE FIRE TRAINING **see below*

I certify that (name of candidate) _____ has successfully completed the Basic Structural Fire Attack Concept and Tactics, or an equivalent live fire training class.

Date of Training:

Location of Training

Name of Lead Instructor (printed)

Signature of Lead Instructor

Date:

INSTRUCTIONS:

The lead instructor for the live fire training needs to sign this form. Once the form is signed, the lead instructor will return it to the candidate.

REMINDER:

At least one (1) attempt at passing the Fire Fighter I certification written exam must be documented before admittance to the live fire skills exam is allowed. A Candidate may participate in the live fire skills exam without having passed the written exam.

Date of written exam: _____

(must be filled in by candidate)

****PLEASE NOTE CHANGE TO REQUIREMENTS:***

For candidates who are participating in the live fire skills event you are no longer required to bring your signed live fire training certificate to the live fire test event for admittance.

THIS SIGNED LIVE FIRE TRAINING CERTIFICATE MUST BE SUBMITTED TO FST WITH YOUR CERTIFICATION APPLICATION.