



# Fire Service Technology Fire Fighter II 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 certifications are required before being eligible for Fire Fighter II certification\***

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

I certify that the applicant has successfully completed an approved course for Fire Fighter II and has satisfactorily demonstrated the knowledge and skills in the required competencies for Fire Fighter II and NFPA 1001, 2013 edition, *Standard for Fire Fighter Professional Qualifications*, utilizing IFSTA *Essentials of Fire Fighting*, 6th 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](mailto:mariha.berrett@my.eitc.edu)

## Fire Fighter II

### *Local Verification*

NFPA 1001, 2013 edition: Objectives 6.5.1, 6.5.1(B), 6.5.2, 6.5.2(B)

Candidate's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

#### **Objective 6.5.1, 6.5.1(B)**

Perform a fire safety survey in a private dwelling and complete the appropriate forms, given survey forms and procedures, so that fire and life safety hazards are identified, recommendations for their correction are made to the occupant, and unresolved issues are referred to the proper authority. It is recommended that the Fire Fighter II candidate conduct this survey in their own residence.

#### **Objective 6.5.2, 6.5.2(B)**

Present fire safety information to station visitors or small groups, given prepared materials, so that all information is presented, the information is accurate, and questions are answered or referred to another resource, and presentation is properly documented. The requirements of this objective could be conducted at your own department, using fire safety information or handouts provided by the department. All information presented must be accurate and all questions should be answered and/or referred to a source that can answer them.

#### **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