



# Certification Exam Request

This form must be completed, signed, and returned at least 45 days before the requested exam date. A minimum of five candidates is required to schedule a test. Contact Fire Service Training for other options if there are less than five candidates.

DEPARTMENT, LOCATION, AND EXAM INFORMATION			
FIRE DEPARTMENT NAME			
FIRE DEPARTMENT ADDRESS		CITY	STATE ZIP
SKILLS EXAMINATIONS REQUESTED <input type="checkbox"/> Firefighter I <input type="checkbox"/> Firefighter II <input type="checkbox"/> Hazardous Materials Awareness <input type="checkbox"/> Hazardous Materials Operations <input type="checkbox"/> Driver/Operator-Pumper <input type="checkbox"/> Fire Instructor I			
NUMBER OF CANDIDATES TESTING		THIS REQUEST IS FOR A: <input type="checkbox"/> Written exam <input type="checkbox"/> Manipulative skills exam	
WRITTEN EXAMINATION INFORMATION			
REQUESTED EXAM DATE	EXAM LOCATION	MAXIMUM CAPACITY	START TIME
MANIPULATIVE SKILLS EXAMINATION			
REQUESTED EXAM DATE	EXAM LOCATION	MAXIMUM CAPACITY	START TIME
EXAM REQUESTED BY			
CHIEF/TRAINING OFFICIAL'S NAME (PLEASE PRINT)	<input type="text"/>		
CHIEF/TRAINING OFFICIAL'S SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
CONTACT NUMBER	<input type="text"/>	EMAIL	<input type="text"/>
CHIEF'S VERIFICATION OF TESTING, FACILITIES, AND EQUIPMENT			
I verify that the facilities and equipment used during this written/skills testing event ensure the participants' health and safety. 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 equivalents.			
CHIEF'S NAME (PLEASE PRINT)	<input type="text"/>		
CHIEF'S SIGNATURE	<input type="text"/>	DATE	<input type="text"/>

Fax the completed form to 208-429-5559 or email it to [fst@cte.idaho.gov](mailto:fst@cte.idaho.gov).