



IDAHO FIRE SERVICE TRAINING

Certification Application

FIRE APPARATUS DRIVER OPERATOR-PUMPER

Recommended study materials for Driver-Operator-Pumper written exam:

- IFSTA Pumping and Aerial Apparatus Driver/Operator Handbook, 3rd ed.

LAST NAME		FIRST NAME			MIDDLE INITIAL	
SSN		DATE OF BIRTH		EMAIL		
WORK PHONE		HOME PHONE		CELL PHONE		
MAILING ADDRESS		CITY	STATE	ZIP	COUNTY	
FIRE DEPARTMENT AFFILIATION						
FIRE DEPARTMENT MAILING ADDRESS		CITY	STATE	ZIP		
WRITTEN TEST DATE REQUESTED		LOCATION			INITIAL TEST <input type="checkbox"/>	RETEST <input type="checkbox"/>
SKILLS TEST DATE REQUESTED		LOCATION			INITIAL TEST <input type="checkbox"/>	RETEST <input type="checkbox"/>

EACH DEPARTMENT IS REQUIRED TO FURNISH ITS OWN APPARATUS FOR DRIVER OPERATOR TESTING.

I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for Driver/Operator-Pumper located in NFPA 1002, 2017 edition, Standard for Fire Apparatus Driver/Operator Professional Qualifications. All equipment furnished for skill testing will be compliant with applicable NFPA Standards at time of manufacture.

CHIEF OFFICER *OR* TRAINING
OFFICER NAME (PLEASE PRINT)

CHIEF OFFICER *OR* TRAINING
OFFICER SIGNATURE

DATE

CHIEF OFFICER *OR* TRAINING
OFFICER PHONE NUMBER:

CHIEF OFFICER *OR* TRAINING
OFFICERS EMAIL:

☐ Check the box if you need testing accommodations and download and [fill out a testing accommodation form](#). All requests for accommodations are confidential and will not be made available to anyone outside of FST.

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 Training (FST) or its authorized representatives' permission to review my department files, college/academic records, and other related training documentation. By signing this document, I acknowledge the release of my exam results and certifications to my affiliated departments Chief Officer and/or Training Officer.

APPLICANT'S SIGNATURE

DATE

Email completed form to fst@cte.idaho.gov OR Fax to 208-429-5559



IDAHO FIRE SERVICE TRAINING

FIRE APPARATUS DRIVER/OPERATOR-PUMPER LOCAL VERIFICATION

NFPA 1002, 2017 edition

APPLICANT'S NAME	SSN
------------------	-----

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 in accordance with AHJ policies.

The fire department vehicle driver/operator shall possess a valid Idaho driver's license in order to drive all vehicles they are expected to operate.

Affirmation

I have reviewed the applicant's file and certify that the applicant identified above meets the medical requirements and possess a valid Idaho driver's license. Local department records can attest to this information.

FIRE DEPARTMENT

CHIEF OFFICER *OR* TRAINING OFFICER
NAME (PLEASE PRINT)

CHIEF OFFICER *OR* TRAINING OFFICER
SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

Notice: The driving skills in NFPA 1002, 2017 edition, are used to determine participant's competency to become certified by Idaho Fire Service Training 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 publicways. The responsibility to determine who will drive fire apparatus resides with the local fire department or the authority having jurisdiction.

Email completed form to fst@cte.idaho.gov OR Fax to 208-429-5559