



Certification Application

FIRE APPARATUS DRIVER OPERATOR-PUMPER

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

- IFSTA Pumping 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 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'S NAME (PLEASE PRINT)

CHIEF'S SIGNATURE

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 Training (FST) or its authorized representative's permission to review my department files, college/academic records, and other related training documentation.

APPLICANT'S SIGNATURE

DATE

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.

Release of information

I authorize release of certification exam results to: _____

APPLICANT'S SIGNATURE

DATE



IDAHO
FIRE SERVICE TRAINING

FIRE APPARATUS DRIVER/OPERATOR-PUMPER LOCAL VERIFICATION

NFPA 1002, 2017 edition

APPLICANT'S NAME	SSN
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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).

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.

Affirmation

I have reviewed the applicant's file and certify that the applicant identified above has completed the objectives listed and meets the medical requirements. Local department records can document all information listed above.

FIRE DEPARTMENT

CHIEF'S NAME (PLEASE PRINT)

CHIEF'S 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.