



Certification Application

FIRE INSTRUCTOR I

Recommended study materials for the Firefighter I written exam:

- IFSTA fire and emergency services instructor, 8th ed.

EACH APPLICANT IS RESPONSIBLE FOR COMPLETING ALL PREREQUISITIES PER FST GUIDELINES AND POLICIES.

| | | | | | |
|-----------------------------|----------|---------------|-------|--|------------------------------------|
| 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"/> |

I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for NFPA 1041, 2012 edition, Standard for Fire Service Instructor professional qualifications.

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 representatives permission to review my department files, college/academic records, and other related training documentation.

APPLICANT'S SIGNATURE DATE

I authorize the release of certification exam results to the Fire Chief or the designee of my organization.

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.

Fax the completed form to 208-429-5559 or email it to fst@cte.idaho.gov.