



# Certification Application

## FIRE OFFICER II

Recommended study materials for fire officer written exams:

- IFSTA Fire and Emergency Company Officer, 5<sup>th</sup> ed.

LAST NAME		FIRST NAME			MIDDLE INITIAL	
SSN				DATE OF BIRTH		
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"/>	

I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for NFPA 1021, 2014 Edition, Standard for Fire Officer II 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 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

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