

Certification Application

FIREFIGHTER I

Recommended study materials for the Firefighter I written exam:

• IFSTA essentials of fire fighting, 6th ed.

FST.

EACH APPLICANT IS RESPONSIBLE FOR BRINGING NFPA-APPROVED TURNOUT GEAR, INCLUDING HELMET, COAT, PANTS, BOOTS, GLOVES, AND SCBA FOR FIREFIGHTER I MANIPULATIVE SKILLS TESTING.

LAST NAME			FIRST NAME						MIDDLE INITIAL
SSN	3N DATE			DF BIRTH			EMAIL		
WORK PHONE HOME PH		HOME PHO	ONE		CELL P	PHONE			
MAILING ADDRESS CITY		CITY	ST		ATE	ZIP	COUN		TY
FIRE DEPARTMENT AFFILIATION						1		<u> </u>	
FIRE DEPARTMENT ADDRESS			CITY					STATE	ZIP
WRITTEN TEST DATE REQUESTED	LOCATI	ON	1				INITIAL	TEST	RETEST
SKILLS TEST DATE REQUESTED	LOCATI	ON					INITIAL	TEST	RETEST □
	I								1
I certify that the applicant has satis 2013 edition, Standard for Firefigh Standard for Competence of Res medical and CHIEF'S NAME (PLEASE PRINT)	nter Profe sponders	ssional Qualificat to Hazardous Ma	ions. In addition, t	he applicant me and Operations	ets th	ne com	petencies certify th	s of NFPA at the ap	472, 2013 edition,
CHIEF'S SIGNATURE							DATE		
The information contained in this ap of material facts will cause denial of review my	r forfeitu	re of my certificat		ervice Training (F	FST) o	r its au	uthorized	represent	
APPLICANT'S SIGNATURE							DATE		
\square I authorize the release of certificat	ion exam	results to the Fire	e Chief or the desig	gnee of my orgar	nizatio	n.		<u> </u>	
\square Check the box if you nee		_						_	
form. All requests for accom	nmoda	tions are con	fidential and	will not be i	mad	e ava	ailable	to anyo	ne outside of

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

NFPA 1001, 2013 edition: Objective 4.3

APPLICANT'S NAME	SSN
AT EIGHT STAME	3514

Objective 4.3

The applicant must have completed the emergency medical care performance capabilities listed below to meet the objectives of NFPA 1001, 2013 edition. These requirements must be developed and validated at the local level.

Documentation of the requirements contained below is subject to verification by Fire Service Training.

The applicant identified above has met minimum emergency medical care requirements, including CPR, Infection Control, Bleeding Control, and Shock Management.

Affirmation I have reviewed the applicant's file and certify that the applicant identified above has met 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				



FIREFIGHTER I

Live Fire Training

APPLICANTS: THIS COURSE COMPLETION FORM MUST BE FILLED OUT AND ATTACHED TO YOUR APPLICATION.

I certify that certify that	(APPLICANT) has successfully completed a Basic Structural Fire Attack Co and Tactics course or an equivalent live fire training class	ncept
TRAINING DATE	TRAINING LOCATION	
LEAD INSTRUCTOR NAME (PLEASE PRINT)		
LEAD INSTRUCTOR SIGNATURE	DATE	
APPLICANT'S SIGNATURE	DATE	

LEAD INSTRUCTOR: Sign this form and provide a copy to the applicant.

Reminder

Applicants are required to have completed a basic Firefighter I course per NFPA 1403 4.3.1 and 4.3.2, before admittance to the live fire course is allowed. An applicant may participate in a live fire course without having passed the Firefighter I written exam.