



# Certification Application

## FIREFIGHTER II

Recommended study materials for the Firefighter II written exam:

- IFSTA Essentials of Firefighting, 7<sup>th</sup> ed.

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

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	RETEST	
				<input type="checkbox"/>	<input type="checkbox"/>	
SKILLS TEST DATE REQUESTED	LOCATION			INITIAL TEST	RETEST	
				<input type="checkbox"/>	<input type="checkbox"/>	

I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for Firefighter II and NFPA 1001, 2019 edition, Standard for Firefighter Professional Qualifications. I also certify that the applicant meets the medical and physical fitness requirements required by my department to perform firefighter duties.

CHIEF'S NAME (PLEASE PRINT)

CHIEF'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.

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

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



IDAHO  
**FIRE SERVICE TRAINING**

**FIREFIGHTER II LOCAL VERIFICATION**

NFPA 1001, 2019 edition

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

- Applicant has successfully demonstrated to the AHJ the knowledge and skill competencies as defined in NFPA 1001, Chapter 5.
- Local AHJ verification of NFPA objectives (AHJ must have training record documentation) of the following:
  - Objective 5.2.1: Complete an incident report (Skill Sheet 2).
  - Objective 5.3.2: Coordinate an interior attack (Skill Sheet 6).
  - Objective 5.3.3: Flammable gas cylinder fire (Skill Sheet 7).
  - Objective 5.4.1: Extricate a victim entrapped in a motor vehicle (Skill Sheet 9).
  - Objective 5.5.2: Present fire safety information to station visitors (Skill Sheet 12).

**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

**Release of information**

I authorize release of certification exam results to: \_\_\_\_\_

APPLICANT'S SIGNATURE

DATE