



Certification Application

FIREFIGHTER II

Recommended study materials for the Firefighter II written exam:

- IFSTA essentials of fire fighting, 6th ed.

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		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, 2013 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

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.



IDAHO
FIRE SERVICE TRAINING

FIREFIGHTER II LOCAL VERIFICATION

NFPA 1001, 2013 edition: Objectives 6.4.1(A, B), 6.5.1(A, B), 6.5.2(A, B), 6.2.1(A, B), 6.5.3(A, B)

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

Objective 6.5.1, 6.5.1(B)

Perform a fire safety survey in a private dwelling and complete the appropriate forms, given survey forms and procedures, so that fire and life safety hazards are identified, recommendations for their correction are made to the occupant, and unresolved issues are referred to the proper authority. It is recommended that the Fire Fighter II applicant conduct this survey in their own residence.

Objective 6.5.2, 6.5.2(B)

Present fire safety information to station visitors or small groups, given prepared materials, so that all information is presented, the information is accurate, and questions are answered or referred to another resource, and the presentation is properly documented. The requirements of this objective could be conducted at your own department, using fire safety information or handouts provided by the department. All information presented must be accurate, and all questions should be answered and/or referred to a source that can answer them.

Objective 6.5.3, 6.5.3(B)

Prepare a pre-incident survey given forms, necessary tools, and an assignment so that all occupancy information is recorded, items of concern are noted, and accurate sketches or diagrams are completed. The requirements of this objective could be conducted at your own department, using your departments' structure and staff occupancy information. All information presented must be accurate, and all questions should be answered and all diagrams and drawing present and accurate to the best of the applicant's ability.

Objective 6.2.1, 6.2.1(B)

Complete a Basic incident report given the report forms, guidelines, and information, so that all pertinent information is recorded, the information is accurate, and the report is complete. The requirements of this objective will be conducted using the forms and software of your department, using information provided by the department to complete a simulated incident report. All information must be present and must meet all requirements for your department's Standard Operating Procedures for an incident report.

Objective 6.4.1, 6.4.1(B)

Extricate a victim entrapped in a motor vehicle as part of a team, given stabilization and extrication tools, so that the vehicle is stabilized, the victim is disentangled without further injury, and hazards are managed. The requirements of this objective could be completed during an extrication course or extrication refresher training. All tasks completed must meet the objectives listed in 6.4.1 (B).



IDAHO
FIRE SERVICE TRAINING

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