



# Testing Qualification Form

When qualified, the applicant will receive a qualification certificate to allow testing at the next level. The qualification certificate is only valid in the local jurisdiction, and it does not represent IFSAC certification.

## TO BE COMPLETED BY THE APPLICANT

|                                |  |            |       |               |                |
|--------------------------------|--|------------|-------|---------------|----------------|
| LAST NAME                      |  | FIRST NAME |       |               | MIDDLE INITIAL |
| SSN                            |  |            |       | DATE OF BIRTH |                |
| WORK PHONE                     |  | HOME PHONE |       | CELL PHONE    |                |
| MAILING ADDRESS                |  | CITY       | STATE | ZIP           | COUNTY         |
| FIRE DEPARTMENT NAME           |  |            |       |               |                |
| FIRE DEPARTMENT ADDRESS        |  | CITY       |       | STATE         | ZIP            |
| QUALIFICATION LEVEL REQUESTED* |  |            |       |               |                |

\*Certification level prerequisites can be found in the FST Standard Operating Guidelines and Procedures.

To be eligible for testing at the next certification level, the applicant must be a current Fire Service member and be fully qualified according to the current requested level NFPA JPRs.

| <i>Level</i>                                    | <i>Standard</i>         |
|---|-------------------------|
| <i>Hazardous Materials Awareness/Operations</i> | NFPA 472, 2013 edition  |
| <i>Firefighter I</i>                            | NFPA 1001, 2013 edition |
| <i>Firefighter II</i>                           | NFPA 1001, 2013 edition |
| <i>Fire Instructor I</i>                        | NFPA 1041, 2012 edition |

Department representative, please attach supporting documents showing a combination of training, out-of-state certifications and/or non-IFSAC certification to justify the request for testing qualification.

## TO BE COMPLETED BY YOUR FIRE CHIEF OR TRAINING OFFICER

|   |                      |      |                      |
|---|----------------------|------|----------------------|
| I have reviewed training records and certify that _____ (APPLICANT)<br>has met the NFPA standards for _____ (LEVEL OF EQUIVALENCY). |                      |      |                      |
| CHIEF'S NAME (PLEASE PRINT)   | <input type="text"/> |      |                      |
| CHIEF'S SIGNATURE   | <input type="text"/> | DATE | <input type="text"/> |

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