



Certification WRITTEN Exam Request

This form must be completed, signed, and returned at least 45 days before the requested exam date. A minimum of five candidates is required to schedule a test. Contact Fire Service Training for other options if there are less than five candidates.

A separate request form will need to be completed for the practical skills exam request

DEPARTMENT, LOCATION, AND EXAM INFORMATION				
FIRE DEPARTMENT NAME				
FIRE DEPARTMENT ADDRESS			CITY	STATE ZIP
WRITTEN EXAMINATION INFORMATION				
REQUESTED EXAM DATE	EXAM LOCATION		MAXIMUM CANDIDATE Host:	SEATING Non Host:
				START TIME
EXAM REQUESTED BY				
CHIEF/TRAINING OFFICIAL'S NAME (PLEASE PRINT)	<input type="text"/>			
CHIEF/TRAINING OFFICIAL'S SIGNATURE	<input type="text"/>		DATE	<input type="text"/>
CONTACT NUMBERS	<input type="text"/>	EMAIL	<input type="text"/>	
CHIEF'S VERIFICATION OF TESTING, FACILITIES, AND EQUIPMENT				
I verify that the facilities and equipment used during this written/skills testing event ensure the participants' health and safety. I also verify that the testing site, personal protective equipment, apparatus, and equipment used during the testing event meet the requirements of all applicable NFPA standards or other equivalents.				
CHIEF'S NAME (PLEASE PRINT)	<input type="text"/>			
CHIEF'S SIGNATURE	<input type="text"/>		DATE	<input type="text"/>

Email completed form to fst@cte.idaho.gov OR Fax to 208-429-5559