**Certification Application**

**Fire OFFICER I - WRITTEN**

Recommended study materials for the Fire Instructor I written exam: IFSTA Fire and Emergency Services Company Officer 6TH edition

EACH APPLICANT IS RESPONSIBLE FOR COMPLETING ALL PREREQUISITES PER FST GUIDELINES AND POLICIES.

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| **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 \_\_\_\_ CAREER \_\_\_\_VOLUNTEER \_\_\_\_ COMBINATION** | | | | | | | | | | | | | | | | | | | | | | |
| **FIRE DEPARTMENT MAILING ADDRESS** | | | | **CITY** | | | | **STATE** | | | | **ZIP** | | | | | | | | | | |
| **WRITTEN TEST DATE REQUESTED** |  | | | **LOCATION** | | | | | | | | | | | **INITIAL TEST** | | | | | **RETEST** | | |
| **I certify that the applicant has satisfactorily demonstrated the knowledge in the required competencies for NFPA 1021, 2020 edition, Standard for**  **Fire Officer I professional qualifications.** | | | | | | | | | | | | | | | | | | | | | | |
| **CHIEF OFFICER *OR* TRAINING OFICER NAME (PLEASE PRINT)** | |  | | | | | | | | | | | |  | | | |  | | |  | |
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| **CHIEF OFFICER *OR* TRAINING OFFICER SIGNATURE** | |  | | | | | | | | | | | | **DATE** | |  | | | | | |  |
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| **CHIEF OFFICER *OR* TRAINING OFFICER PHONE NUMBER:** | |  | | | | | | | | | | | |  | | | | | | | |  |
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| **CHIEF OFFICER *OR* TRAINING OFFICERS EMAIL:** | |  | | | | | | | | | | | |  | | |  | | | | |  |
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| Check the box if you need testing accommodations and download and [fill out a testing accommodation form](https://cte.idaho.gov/wp-content/uploads/2021/07/TestingAccommodationForm_070621.pdf). 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. By signing this document, I acknowledge the release of my exam results and certifications to my affiliated departments Chief Officer and/or Training Officer.** | | | | | | | | | | | | | | | | | | | | | | |
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| **APPLICANT’S SIGNATURE** | |  | | | | | | | | | | | | **DATE** | | |  | | | | |  |
| **Email completed form to** [***fst@cte.idaho.gov***](mailto:fst@cte.idaho.gov) **OR Fax to 208-429-5559** | | | | | | | | | | | | | | | | | | | | | | |