**Certification Application**

**Fire Apparatus Driver Operator-Pumper**

Recommended study materials for Driver-Operator-Pumper written exam:

* IFSTA Pumping and Aerial Apparatus Driver/Operator Handbook, 3rd ed.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LAST NAME** | | | **FIRST NAME** | | | | | | | **MIDDLE INITIAL** | |
| **AKA’s** | | **DATE OF BIRTH** | | | | | **EMAIL** | | | | |
| **SSN** | | **BEST CONTACT PHONE NUMBER** | | | | | | **WORK PHONE** | | | |
| **MAILING ADDRESS** | | **CITY** | | **STATE** | | **ZIP** | | **COUNTY** | | | |
| **FIRE DEPARTMENT AFFILIATION** | | | | | | | | | | | |
| **FIRE DEPARTMENT MAILING ADDRESS** | | | **CITY** | | **STATE** | | **ZIP** | | | | |
| **WRITTEN TEST DATE REQUESTED** |  | | **LOCATION** | | | | | | **INITIAL TEST** | | **RETEST** |
| **SKILLS TEST DATE REQUESTED** |  | | **LOCATION** | | | | | | **INITIAL TEST** | | **RETEST** |

EACH DEPARTMENT IS REQUIRED TO FURNISH ITS OWN APPARATUS FOR DRIVER OPERATOR TESTING.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for Driver/Operator-Pumper located in NFPA 1002, current edition, Standard for Fire Apparatus Driver/Operator Professional Qualifications. All equipment furnished for skill testing will be compliant with applicable NFPA Standards at time of manufacture.** | | | | | | | | | | | | | | | |
| **CHIEF OFFICER *OR* TRAINING OFICER NAME (PLEASE PRINT)** |  | | | | | |  | | | | |  |  | | |
|  |  | |  | |  | |  | | | | | | |  | |
| **CHIEF OFFICER *OR* TRAINING OFFICER SIGNATURE** |  | | | | | | **DATE** | |  | | | | |  | |
|  |  | | | | | |  | | | | | | |  | |
| **CHIEF OFFICER *OR* TRAINING OFFICER PHONE NUMBER:** |  | | | | | |  | | | | | | |  | |
|  |  | | |  | |  |  | | | | | | |  | |
| **CHIEF OFFICER *OR* TRAINING OFFICERS EMAIL:** |  | | | | | |  | | |  | | | |  | |
|  | | | | | | | | | | | | | |  | |
| 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.** | | | | | | | | | | | | | | | |
| **APPLICANT’S SIGNATURE** | |  | | | | | | **DATE** | | |  | | | |  |
| **Email completed form to** [***fst@cte.idaho.gov***](mailto:fst@cte.idaho.gov) **OR Fax to 208-429-5559** | | | | | | | | | | | | | | | |

Fire Apparatus Driver Operator-pumper

Local Verification – Medical and Drivers lICENSE

**NFPA 1002, 2017 edition**

|  |  |
| --- | --- |
| **APPLICANT’S NAME** | **SSN** |

The fire department driver/operator shall be subject to periodic medical evaluations, as required by NFPA 1500, Section 10.1, Medical Requirements, to determine that the driver/operator is medically fit to perform the duties of a fire department vehicle driver/operator in accordance with AHJ policies.

The fire department vehicle driver/operator shall possess a valid Idaho driver’s license in order to drive all vehicles they are expected to operate.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Affirmation **I have reviewed the applicant’s file and certify that the applicant identified above meets the medical requirements and possess a valid Idaho driver’s license. Local department records document all information requested.** | | | | | | | | | | | |
|  | | |  | | |  | | |  |  | |
| **FIRE DEPARTMENT** | | |  | | |  | | |  |  | |
|  | | |  | | |  | | |  |  | |
| **CHIEF OFFICER *OR* TRAINING OFICER NAME (PLEASE PRINT)** | | |  | | |  | | |  |  | |
|  | | |  | | |  | | |  |  | |
| **CHIEF OFFICER *OR* TRAINING OFFICER SIGNATURE** | | |  | | | **DATE** |  | | | |  |
|  | | |  |  |  |  | |  | | | |
| **APPLICANT’S SIGNATURE** | | |  | | | **DATE** |  | | | |  |
|  |  |  |  |  |  |  | |  | | | |
| **Notice:** *The driving skills in NFPA 1002, 2017 edition, are used to determine participant’s competency to become certified by Idaho Fire Service Training at the level of Driver/Operator-Pumper. The passing of these skills does not qualify a participant for any other certification or licensure, such as a Commercial Driver’s License (CDL) and it is not intended to certify, verify, or approve an individual’s ability to drive fire apparatus on public ways. The responsibility to determine who will drive fire apparatus resides with the local fire department or the authority having jurisdiction.* | | | | | | | | | | | |
|  | | | | | | | | | | | |

The documentation of requirements is subject to verification by Fire Service Training

**Email completed form to** [***fst@cte.idaho.gov***](mailto:fst@cte.idaho.gov) **OR Fax to 208-429-5559**

Fire Apparatus Driver Operator-PUMPER

skills test flow chart

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

MANIPULATED SKILLS TEST PASSED WITH 100% COMPENTENCY OF CRITICAL FAIL POINTS IDENTIFIED ON THE SKILL SHEET AT AN IDAHO DESIGNATED IFSAC TESTING SITE

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

**sKILL SHEET 1:** rOUTINE TEST, INSPECTION AND SERVICING FUNCTIONS

* VEHICLE INSPECTION CHECKLIST – DO2 PROVIDED AT TEST SITE

STANDARD 5.1.2 NFPA 1002, 2017 EDITION

**SKILL SHEET 2:** PRACTICAL PUMPING EVOLUTION – WATER SUPPLY

**SKILL SHEET CHOSEN BY FST AT RANDOM** – sKILL SHEET 2A, 2B, 2c, 2d

* Before completing SKILL SHEET 2A, 2B, 2C, or 2D, the testing candidate **must pass** the corresponding HYDRAULIC QUESTION HANDOUT for Task Step #1.

an fst issued caculator will be provided

A copy of all skill sheets can be found on the FST website. [Testing | Idaho Division of Career Technical Education](https://cte.idaho.gov/programs-2/fire-service-training-2/testing/)

**Pre-Requisites Flow Chart**

HAZMAT AWARENESS

FIRE INSTRUCTOR 1

FIREFIGHTER 2

DRIVER OPERATOR GENERAL

**FIRE OFFICER 1**

**DRIVER OPERATOR PUMPER**

FIREFIGHTER 1

**HAZMAT OPERATIONS**