**Certification Application**

**FIREFIGHTER I**

Recommended study materials for the Firefighter I written exam:

• IFSTA Essentials of Firefighting, 7th 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.

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| **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** | |
| I certify that the applicant has satisfactorily demonstrated the knowledge and skills in the required competencies for Firefighter I and NFPA 1001, current edition, Standard for Firefighter Professional Qualifications. In addition, the applicant meets the competencies of NFPA 472, Standard for Competence of Responders to Hazardous Materials Awareness and Operations Level. I also certify that the applicant meets the medical and physical fitness requirements required by my department to perform firefighter duties. | | | | | | | | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT’S SIGNATURE** | |  | | | | | | | | | | **DATE** | | |  | | | | | |  |
| **Email completed form to** [***fst@cte.idaho.gov***](mailto:fst@cte.idaho.gov) **OR Fax to 208-429-5559** | | | | | | | | | | | | | | | | | | | | | |

**FIREFIGHTER I**

LOCAL VERIFICATION - OBJECTIVES

# NFPA 1001, 2019 edition

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT’S NAME** | | | **SSN** | | | | | | | |
| Affirmation  **I have reviewed the applicant’s file and certify that the applicant identified above has completed the objectives listed below and met the emergency medical care performance objectives. Local department records can document all information requested.** | | | | | | | | | | |
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| **FIRE DEPARTMENT** |  | | | |  | | |  |  | |
|  |  | | | |  | | |  |  | |
| **CHIEF OFFICER *OR* TRAINING OFFICER (PLEASE PRINT)** |  | | | |  | | |  |  | |
|  |  | | | |  | | |  |  | |
| **CHIEF OFFICER *OR* TRAINING OFFICER SIGNATURE** |  | | | | **DATE** |  | | | |  |
|  |  |  | |  |  | |  | | | |
| **APPLICANT’S SIGNATURE** |  | | | | **DATE** |  | | | |  |
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Applicant has completed the Emergency Medical Care performance standards (IFSTA Chapter 23), developed and validated at the local level, to meet the objectives of NFPA 1001, 2019 edition.

* + **Objective 6.1.1, 6.1.2, 6.2.1:** Cardiopulmonary Resuscitation **CPR**
  + **Objective 6.1.1, 6.1.2, 6.2.1:** Infection Control
  + **Objective 6.1.1, 6.1.2, 6.2.1:** Bleeding Control
  + **Objective 6.1.1, 6.1.2, 6.2.1:** Shock Management

Applicant has successfully demonstrated to the AHJ the knowledge and skill competencies as defined in NFPA 1001. Local AHJ verification of NFPA 1001 objectives:

* + **Objective 4.2.1:** Locate information in policies and codes (Skill Sheet 1)
  + **Objective 4.2.2, 4.3.2 (B):** Responding on an apparatus (Skill Sheet 2)
  + **Objective 4.3.3, 4.3.3 (B):** Emergency scene with high traffic flow (Skill Sheet 3)
  + **Objective 4.3.17, 4.3.17 (B):** Illuminate an emergency scene (Skill Sheet 4)
  + **Objective 4.2.2, 4.2.2 (B):** Use of telephone (non-emergency call) (Skill Sheet 5)
  + **Objective 4.2.1, 4.2.1 (B):** Initiate response to a reported emergency (Skill Sheet 6)
  + **Objective 4.2.3, 4.2.3 (B):** Transmit and receive radio messages (Skill Sheet 7)
  + **Objective 4.3.10, 4.3.10 (B):** Interior Fir attack ground level (Skill Sheet 42)

AHJ must have training record paperwork on file at the candidate's affiliated department for each of the above-mentioned requirements. The documentation of requirements is subject to verification by Fire Service Training.

Skill sheets are available on the FST website [Testing | Idaho Division of Career Technical Education](https://cte.idaho.gov/programs-2/fire-service-training-2/testing/)

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

**FIREFIGHTER I**

LOCAL VERIFICATION – NFPA 1403 LIVE FIRE TRAINING

Local AHJ verification of Live Fire Training and evaluation of competency by AHJ

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| --- | --- | --- | --- | --- | --- |
| **APPLICANT’S NAME** | | **SSN** | | | |
| Affirmation  I have reviewed the applicant’s file and certify that the applicant identified above has met the NFPA 1403 objectives 4.3.1 and 4.3.2 for minimum job performance requirements for Fire Fighter 1 NFPA 1001. The class was successfully completed on:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Training Location).  The lead instructor was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **VERIFYING CHIEF OFFICER *OR* TRAINING OFFICER (PLEASE PRINT)** |  | | DATE |  |  |
|  |  | |  |  |  |
| **VERIFYING CHIEF OFFICER *OR* TRAINING OFFICER SIGNATURE** |  | | **DATE** |  |  |
|  |  | |  |  |  |
| **APPLICANT’S SIGNATURE** |  | | **DATE** |  |  |

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

fIREFIGHTER 1

skills test flow chart

DEMONSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

SIGNED LOCAL VERIFICATION FORM ON FILE WITH FST

**sKILL SHEET 1:** LOCATE INFORMATION IN POLICIES CODES

**SKILL SHEET 2:** RESPONDING ON AN APPARATUS

**SKILL SHEET 3:** EMERGENCY SCENE WITH HIGH TRAFFIC FLOW

**SKILL SHEET 4:** ILLUMINATE AN EMERGENCY SCENE

**SKILL SHEET 5:** USE OF TELEPHONE (NON-EMERGENCY CALL)

**SKILL SHEET 6:** INITIATE RESPONSE TO A REPORTED EMERGENCY

**SKILL SHEET 7:** TRANSMIT AND receive RADIO MESSAGES

**SKILL SKEET 42:** INTERIOR FIRE ATTACK GROUND LEVEL

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

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

THE SKILL SHEET AT AN IDAHO DESIGNATED IFSAC TESTING SITE

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| --- | --- | --- | --- | --- | --- |
| FST WILL CHOSE 1 SKILL SHEET FROM EACH RED SECTION 8-13/25-28/31-38. 3 OTHER SKILLS WILL BE CHOSEN AT RANDOM FROM ALL SKILL SHEETS LISTED BELOW FOR A TOTAL OF 6 SKILLS TESTED | | | | | |
| 8 | dON AND DOFF PPE | 9 | DON SCBA | 10 | SCBA EMERGENCY OPERATIONS |
| 11 | SCBA AIR CONVERSATION | 12 | CLEAN AND SANITIZE SCBA | 13 | INSPECTION OF SCBA UNIT |
| 14 | FIRE EXTINGUISHERS | 15 | HOIST TOOL/EQUIPMENT | 16 | CLEAN AND CHECK ROPES |
| 17 | CONDUCT A V.E.I.S FOCUSED PRIMARY SEARCH | 18 | CONDUCT A COMPLETE SEARCH | 19 | EXIT RESTRICTED PASSAGE |
| 20 | EXIT A HAZARDOUS AREA AS A TEAM | 21 | FORCE ENTRY THROUGH A DOOR | 22 | FORCE ENTRY THROUGH A WINDOW |
| 23 | FORCE ENTRY THROUGH A WALL | 24 | CLEAN AND INSPECT TOOLS | 25 | SET UP, MOUNT, ASCEND, DISMOUNT, AND SECEND GROUD LADDERS |
| 26 | DEPLOY A ROOF LADDER | 27 | RESCUE UTILIZING A GROUND LADDER | 28 | CLEAN AND INSPECT LADDERS |
| 29 | TRANSITIONAL ATTACK WITH HORIZONTAL VENTILATION | 30 | VERTICLE VENTILATION | 31 | CONNECT A PUMPER TO A HYDRANT |
| 32 | PREPARE FOR DRAFTIN OPERATIONS | 33 | ATTACK A LINE UP A LADDER | 34 | RELOAD AND DEPLOY AN ATTACK LINE |
| 35 | ROLL HOSE | 36 | LOAD SUPPLY LINE | 37 | EXTEND OR REPAIR AN ATTACK LINE |
| 38 | CLEAN AND INSPECT FIRE HOSE | 39 | ATTACK A PASSENGER VEHICLE FIRE | 40 | EXTINGUISH A CLASS A FIRE |
| 41 | GROUND COVER FIRE | 43 | INTERIOR FIRE ATTACK FROM A PROTECTED STAIRWELL | 44 | TURN OFF.SECURE BUILDING UTILITIES |
| 45 | OVERHAUL A FIRE SCENE | 46 | PROPERTY CONVERSATION | 47 | CLEAN AND INSPECT SALVAGE EQUIPMENT |
| 48 | OPERATE AN AIR – MONITORING INSTRUMENT | | | | |
| 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**

**HAZMAT OPERATIONS**

FIREFIGHTER 1