**Certification Application**

**Firefighter II**

Recommended study materials for the Firefighter II 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 II 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 II and NFPA 1001, current edition and standard for Firefighter Professional Qualifications. 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** | |  | | | | | | |  | |
|  | |  | | | | | | | | | |  | | | | | | | | |  | |
| **CHIEF OFFICER *OR* TRAINING OFFICER PHONE NUMBER:** | |  | | | | | | | | | |  | | | | | | | | |  | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | |

**Firefighter II**

Local Verification - OBJECTIVES

**NFPA 1001, 2019 edition**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. Local department records 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** |  | | | |  |
|  | | | | | | | | | | |

* Applicant has successfully demonstrated to the AHJ the knowledge and skill competencies as defined in NFPA 1001, Chapter 5. Local AHJ verification of NFPA 1001 **Objectives**:
  + **Objective 5.2.1, 5.2.1 (B):** Determine Necessary Codes, Proof Reports, and Operate Fire department Computers (Skill Sheet 2)
  + **Objective 5.4.1, 5.4.1 (B), 5.4.2 (B):** Rescue Operations – Extrication (Skill Sheet 9)
  + **Objective 5.5.1, 5.5.1 (B):** Residential Fire Safety Survey (Skill Sheet 11)
  + **Objective 5.5.2, 5.5.2 (B):** Present Fire Safety Information (Skill Sheet 12)
  + **Objective 5.5.3, 5.5.3 (B):** Pre -Incident Survey (Skill Sheet 13)

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 2

skills test flow chart

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

SIGNED LOCAL VERIFICATION FORM ON FILE WITH FST

**sKILL SHEET 2:** dETERMINE NECESSARY CODES, PROOF REPORTS, AND OPERATE FIRE DEPARTMENT COMPUTERS

**SKILL SHEET 9:** RESCUE OPERATIONS - EXTRICATION

**SKILL SHEET 11:** RESIDENTIAL FIRE SAFETY INFORMATION

**SKILL SHEET 12:** PRESENT FIRE SAFETY INFORMATION

**SKILL SHEET 13:** PRE – INCIDENT SURVEY

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

DEMOSTRATED AND DOCUMENTED WITH THE LOCAL AHJ

**sKILL SHEET 1:** ICS SKILL REQUIREMENTS

**Skill Sheet 3**: FIRE DEPARTMENT COMMUNICATIONS

**Skill sheet 4**: ASSEMBLE A FOAM FIRE STREAM

**skill sheet 5**: EXTINGUISH A FLAMMABLE LIQUID FIRE

**skill sheet 6**: COORDINATE AN INTERIOR ATTACK

**skill sheet 7:** FLAMMABLE GAS CYLINDER FIRE

**SKILL SHEET 8:** FIRE CAUSE AND EVIDENCE PROTECTION

**SKILL SHEET 10**: ASSIST RESCUE OPERATIONS TEAMS

**SKILL SHEET 14:** EQUIPMENT MAINTENANCE

**SKILL SHEET 15:** SERVICE TEST HOSE

FOUR (4) skills will be chosen at random by fst

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**