

# Delaware State Fire School

*Excellence Through Training*

**Special  
Offering**

Register at

<http://statefireschool.delaware.gov>

Cost: \$460 per student

## Fire Inspector I

The Fire Inspector I certification course provides the student with the knowledge and skills needed to perform fire inspections through classroom lecture, case studies, written examinations and practical exercises .

This course is a 40 hour course with a heavy workload before the written test. Time should be allotted outside of class to allow for completion of required skills.

Textbook: Candidate Workbook - Workbook and Study Materials  
Available from NFPA

(<http://www.nfpa.org/Training-and-Events/By-type/Certifications/Certified-Fire-Inspector-I>)

***Class Dates: January 22-26, 2018***

***Testing Date: January 27, 2018***

***Registration Due: December 22, 2017***

Please complete the DSFS Registration form and the Applicant Information section at the bottom of the NFPA Fire Inspector I Exam Scheduling Form

***Students will receive NFPA and Proboard Certification as a Fire Inspector I, with a renewal recommendation of 3 years***

**Contact person: Tucker Dempsey 302-739-4773**



### **Prerequisites**

- ◆ 18 Years of Age
- ◆ High School Diploma or equivalent

### **Delaware State Fire School**

1461 Chestnut Grove Road  
Dover, DE 19904

Phone: 302-739-4773

Fax: 302-739-6245

E-mail: [tucker.dempsey@state.de.us](mailto:tucker.dempsey@state.de.us)





**NFPA CERTIFIED FIRE INSPECTOR I PROGRAM**

**CFI-I EXAMINATION SCHEDULING FORM – WRITTEN EXAM ONLY**

***THIS FORM MUST ACCOMPANY A SIGNED PROCTOR AGREEMENT***

**INDIVIDUAL APPLICANT USE (This form is to be filled out by the applicant)**

**Date of Request:**

**Exam Date:**

**Test Site: (Name)**

**(Address)**

**Proctor’s Name:**

**Please provide physical mailing address for UPS shipment of exams.**

**(No P.O. Box)**

**Proctor’s Phone Number:**

**\*Proctor’s Fax Number:**

**\*Proctor’s Email Address:**

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Please allow **at least FOUR weeks** between the date of exam request and the exam date. The signed proctor agreement must accompany the examination scheduling form. Your exam cannot be ordered unless we have both forms

The written examinations will be shipped by SMT to the proctor approximately 48 hours prior to the scheduled exam. If the written examinations have not been received within this timeframe, please contact the NFPA Certification Department immediately. SMT will email the proctor to alert that the exams have been shipped to the proctor. The shipping container is to be opened and inventoried upon receipt and the shipment receipt confirmation is to be faxed back to SMT. At that time, the shipping container should be secured until the exam day.

Please list applicant name below. Exams will only be sent for the applicant listed below who is actively enrolled in the NFPA CFI-I Program. For your convenience, you may fax or email your exam scheduling form to NFPA’s Certification Department. Fax: 617-984-7127 Email: cfi@nfpa.org

*NOTE: Any testing center fee is the responsibility of the individual applicant.*

**APPLICANT’S NAME**

**APPLICANT NOTIFICATION ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:** \_\_\_\_\_

Please complete and return to:  
NFPA Certification Department,  
1 Batterymarch Park, Quincy, MA 02169  
Phone: 617-984-7432 Fax: 617-984-7127

# Delaware State Fire School - Registration Form

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.



## Fill in class information:

Course Name:

Dates Attending:

Class Time:

Class Location:  Kent  New Castle  Sussex  On-Line  
(see Class Posting)

I meet the Course Prerequisites? YES  NO

- You MUST have a Delaware Learning Center Account for 7 hours ONLINE
- The class must be completed in it's entirety

**REGISTRATION IS DUE**  
**December 22nd, 2017**

Delaware State Fire School  
1461 Chestnut Grove Road  
Dover, DE 19904

Phone: 302-739-4773  
Fax: 302-739-6245  
www.statefireschool.delaware.gov  
Email: Fire.School@state.de.us  
Rev. 11/18/15

## Attendee Information

Last Name: Jr./Sr.

First Name, Middle

Address:

City, State, Zip

Last 4 Digits SSN:

Date of Birth:

Contact Phone:

DLC Account ID:

Date Joined Fire Service:

Sponsoring Organization:

Sex:  Male  Female

Ethnic Origin:   
(Optional)

## Payment Information

Tuition:

Check payable to Delaware State Fire School

Invoice (DE Fire Companies Only)

Credit Card Select Type:

Card Number:

Expiration Date:

Security Code (CVV):

Cardholder Name:

**CANCELLATION POLICY:** Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed a fee or payment of class tuition.

**ATTENDEE SIGNATURE:** The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is hereby relieved of liability.

ATTENDEE SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

## AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone Number \_\_\_\_\_