

Delaware State Fire School

Excellence Through Training

**Special
Offering**

Register at

<http://statefireschool.delaware.gov>

Cost: \$550 per student

Fire Inspector II

The Fire Inspector II 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 24 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-II>

Class Dates: January 22-24, 2019

Testing Date: January 25, 2019

Registration Due: December 14, 2018

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 II, with a renewal recommendation of 3 years

Contact person: Tucker Dempsey 302-739-4773



Prerequisites

- ◆ 18 Years of Age
- ◆ High School Diploma or equivalent
- ◆ **CURRENT** NFPA Fire Inspector I

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



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

Prerequisites

- MUST hold CURRENT NFPA Fire Inspector I Certification

REGISTRATION IS DUE
December 14th, 2018

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:

Email:

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 _____



Send completed application (1-18)to:
 NFPA Certification Department
 1 Batterymarch Park, Quincy, MA 02169
 (P) 617-984-7432 (F) 617-984-7127
 Email: cfi@nfpa.org
 Web Page: www.nfpa.org/certification

CFI-II Program Application

APPLICANT NAME: _____ (As name will be printed on certificate)
(TYPE OR PRINT ALL INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED)

Last 4 Digits of social security #: _____ (we must have this to issue a Pro Board certification)

BUSINESS INFORMATION:

Business Name: _____ **E-mail:** _____

Business Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Business Phone:** _____

HOME INFORMATION:

Home E-mail: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

PLEASE CHECK:

WRITTEN EXAM (only available in the United States and Canada)

Please verify the following:

I am currently an NFPA CFI-I.

I, _____, certify that all information contained in this application, is accurate and truthful, to the best of my knowledge, and that I am aware that any false entry will be considered sufficient cause for revocation of my certification at any time during the certification term. I agree to be bound by and to adhere to all written policies and procedures of the certification program to which I am herewith applying, and I understand that at any time during the term of certification any improper conduct on my behalf will result in my certification being revoked. I understand that the certification examination that I will take as prerequisite to certification is confidential and is protected by federal copyright and other intellectual property and trade secret laws. I understand and agree that I will strictly preserve the confidentiality of the examination and that I am prohibited from copying or distributing the examination or from transmitting information regarding examination questions or content in any form, written or oral, to any person or entity. I further understand that my failure to comply with this prohibition may result in my certification being permanently revoked and/or legal action being taken against me. I agree to accept the decision of the NFPA as to my eligibility for certification. I authorize verification of all information in this application. I also hereby release the NFPA and all of its agents, employees, officers, directors, heirs, and assigns from any liability arising whatsoever from or in connection with any action taken or decision made with regard to the awarding, suspension or revocation of my certification. I acknowledge and agree that the NFPA shall have the right to revoke or invalidate any examination score, with or without finding of fault or misconduct on my part, if data forensic analysis or other credible evidence establishes a reasonable possibility that a score is not valid or that the integrity or security of the examination was compromised.

Signature: _____ **Date:** _____