

**CERTIFICATION EXAMINATION**  
**WRITTEN EXAM RETEST APPLICATION**

*(Type or Print)*

Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Telephone: \_\_\_\_\_ (mobile) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fire Department/Company: \_\_\_\_\_

I am applying for the following retest scheduled for: \_\_\_\_\_

*(Please check)*

- 1072 Hazardous Materials Awareness
- 1072 Hazardous Materials Operations  
(1072 Awareness and Operations levels may be combined.)
- 1072 Hazardous Materials Technician
- 472 Hazardous Materials Branches                      Level \_\_\_\_\_
- 1001 Fire Fighter I    (1001 Level 1 & 2 may be combined)
- 1001 Fire Fighter II
- 1021 Fire Officer I    (1021 Level 1 & 2 may be combined)
- 1021 Fire Officer II
- 1021 Fire Officer III
- 1002 Driver Operator (May be combined)              Level \_\_\_\_\_
- 1006 Rescue Technician                                      Level \_\_\_\_\_

**I took the original examination test on:** \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

- *The registration form must be COMPLETE for retesting. Only the FIRST retest is at no cost.*
- *This is ONLY for Written Retesting.*
- *Specially scheduled dates for retesting MUST be prearranged as no retesting dates are scheduled.*
- *Candidates may schedule retests on regular Certification Testing dates using this application.*
- *ALL PRACTICAL SKILLS retesting MUST be done at full cost with scheduled testing or course dates.*

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OFFICE USE ONLY

Received: \_\_\_\_\_

Prerequisites checked by \_\_\_\_\_ Date: \_\_\_\_\_

Application:             Accepted                                       Rejected