

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

*(Type or Print)*

Name: \_\_\_\_\_

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

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

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

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

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

Organization Affiliation: \_\_\_\_\_

I am applying for the following test date scheduled for: \_\_\_\_\_

*(Please check)*

1072 Hazardous Materials Awareness

1072 Hazardous Materials Operations

1072 Awareness and Operations levels combined

1072 Hazardous Materials Technician

472 Hazardous Materials Branches                      Level \_\_\_\_\_

1001 Fire Fighter I    (1001 Level 1 & 2 may be combined, select both)

1001 Fire Fighter II

1021 Fire Officer I    (1021 Level 1 & 2 may be combined, select both)

1021 Fire Officer II

1021 Fire Officer III

1021 Fire Officer VI

1002 Driver Operator                                      Level \_\_\_\_\_

1006 Rescue Technician - Vehicle Rescue    Level \_\_\_\_\_

1006 Rescue Technician - Rope                      Level \_\_\_\_\_

1006 Rescue Technician - Confined Space    Level \_\_\_\_\_

Other Test Not Listed \_\_\_\_\_

**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