

**WRITTEN CERTIFICATION**  
**EXAM APPLICATION**

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

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

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

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

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

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

**I am requesting to take the following exam(s):**

*(Please check all that are requested)*

NFPA 470 2022 Standard Hazardous Materials Awareness

Awareness                      Operations                      Technician

NFPA 470 2022 Standard Hazardous Materials Branches

Officer                              Safety Officer

NFPA 1002 2017 Standard for Fire Apparatus Driver/Operator Professional Qualification

Pump                              Aerial

NFPA 1006 2021 Standard for Technical Rescue Personnel Professional Qualifications

Confined Space                      Rope Rescue                      Vehicle Rescue

NFPA 1010 2024 Standard on Professional Qualifications for Firefighters

Support                              Firefighter 1                      Firefighter 2

NFPA 1021 2020 Standard for Fire Officer Professional Qualifications

Fire Officer 1                      Fire Officer 2                      Fire Officer 3

NFPA 1041 Standard for Fire & Emergency Service Instructor Professional Qualification

Instructor 1                      Instructor 2

**IS THIS A RE-TEST EXAM      YES   or   NO**

If YES, What is the Original Date of the Exam \_\_\_\_\_

**After reviewing the WRITTEN Certification Dates found on the DSFS Certification Testing Page, I would like to test on the following date: \_\_\_\_\_**

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

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

***The registration form must be COMPLETE for retesting. Only the FIRST retest is at no cost.***