

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 Operations Technician 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: Awareness Operations Technician

Rope Rescue: Awareness Operations Technician

Vehicle Rescue: Awareness Operations Technician

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 Fire Officer 4

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: _____

Signature of Chief/Training Officer

Date: _____

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