Delaware State Fire School
Firefighter 1 & 2 Certification

NFPA 1010 Challenge

EXCELLENCE THROUGH TRAINING

This challenge is designed to allow Candidates to challenge the Pro Board NFPA 1010-2024, Fire Fighter 1 and 2 Certification.

Candidates will be required to successfully pass a written examination and will perform skills stations required of the NFPA 1010 standard levels. Those challenging only Fire Fighter 2 need only successfully complete those skills. Hazardous Materials Challenges are also available for testing if needed as a prerequisite for NFPA 1010.

Dates and Times

- Written Testing shall be conducted at **9am** (unless otherwise specified); WRITTEN Testing dates are located on our Certification Page.
- Skills Testing shall be conducted at **9am** (unless otherwise specified); SKILL Testing dates are located on our Certification Page

Candidates MUST bring a Full set of firefighting turn out gear, compliant with NFPA standards.

This includes **Fire Fighting Helmet, Eye Protection, Hood, Coat, Pants, Boots, and Gloves**. NOTE: SCBA is required but DSFS SCOTT SCBA and Masks are available for use. Candidates who do not bring the required equipment **will not be able to test**.

You **must** have a Delaware Learning Center Account and password available on the test date in order to test.

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
fire.school@delaware.gov

*Register by **TWO WEEKS** before testing date at NOON*

Firefighter I & II Certification Examination
(with Hazardous Materials Awareness or Operations Option)

Written and Practical Examination

This examination allows firefighters who meet the necessary prerequisites to challenge a nationally recognized examination for the purpose of being certified under the National Board on Fire Service Professional Qualifications for FF I & II Certification, and Hazardous Materials Awareness and/or Operations, if needed. The written examination consists of multiple-choice questions. Test questions and required skill evolutions, are based on the NFPA 1010-2024 Standard for Firefighter I & II, also **IFSTA Essentials of Fire Fighting and Fire Department Operations, 8th Edition**. *(Documentation of training and skills for NFPA 470 should be submitted when applying for the test.)*

Practical Evaluation

All Practical Testing will be conducted at the Dover Training Center

Applicants will be scheduled to take the written and practical evaluation on the selected testing date, with additional dates added if needed depending on the number of applicants registered. Applicants will be notified of their acceptance and which day they need to attend to complete the testing.

Examinations require practical skills evaluations. Individuals must bring **FULL** personal protective firefighting gear (PPE) with them including SCBA and Mask. DSFS will provide 3M SCOTT SCBAs to be used for practical evaluations, if need be. Applicants may bring their own SCBA for use during the practical evaluations if they normally use SCBAs other than 3M SCOTT. All equipment must meet NFPA Standards and is subject to inspection.

** NOTICE **

If meeting ***all*** pre-requisites for both Fire Fighter I and Fire Fighter II testing, a combined certification test for both levels is available. Please note the pre-requisites in order to be eligible upon applying. Students will need to perform both sets of skills in order to complete skills testing. A second day of skills evaluation may still be required. Applicants will be notified of their acceptance and which day they need to attend to complete the testing.

Candidates already holding Fire Fighter I National Certification may challenge only Fire Fighter II. Please select the option listed on the application.

FEES	Delaware Affiliated	All Others		Delaware Affiliated	All Others
Firefighter I & II	$250	$500	Firefighter II Only	$150	$300
Haz Mat Awareness	$50	$100	Haz Mat Operations	$75	$150

NOTE: **Applicants will receive a confirmation by email upon acceptance.**
Applicants must bring a photo ID on day of testing in order to be admitted.

Fire Fighter I & II Certification Prerequisites and Required Training

- At least 16 years of age
- Signed "Fire Chief's Declaration" stating the candidate knows operational guidelines, command structure and equipment of the Fire Department.
- *Medical Approval Form* from a Medical Doctor verifying that the applicant is "physically fit to perform firefighter activities". **NOTE:** Must be current within 90 days of application being turned in.
- Attended and completed the following training (or equivalent under reciprocity policy for out-of-state training)
    - **Basic Firefighting Skills**
    - **Structural Firefighting Skills**
    - **Hazardous Materials Response Skills**
    - **Vehicle Rescue**
- Current First Aid Certification Card, EMR (First Responder, EMT, or Paramedic
- Current CPR/AED Certification Card
- Hazardous Materials Awareness Pro Board or IFSAC Certificate (or if testing same day*)
- Hazardous Materials Operations
- ICS 100, 200, 700 & 800 Certificates

Complete Application Checklist and Attach All Documentation.

Suggested Reference Books: (Available for purchase at the DSFS Store, Kent Division, Pick-up Only)

Textbook: IFSTA Essentials of Fire Fighting & Fire Dept Operations, 8th Edition

Exam Prep: IFSTA Essentials of Fire Fighting & Fire Dept Operations Exam Prep, 8th Edition

Workbook: IFSTA Essentials of Fire Fighting & Fire Dept Operations Workbook, 8th Edition

NFPA 1010 - Firefighter I & II Certification Challenge Application Checklist

Candidate Name: _____

All the documentation below **MUST** accompany the submitted application or it shall be rejected and returned. Submit this form completed with the documentation.

- ☐ Copy of ICS 100, 200, 700, & 800 Certificates
- ☐ Completed *and* Signed Application (by Candidate *and* Authorized Officer) Completed *and*
- ☐ Signed Document Checklist (by Candidate)
- ☐ Copy of ***current*** Driver's License or ID
- ☐ Copy of ***current*** First Aid Card, EMR Card, EMT Card or higher EMS certification
- ☐ Copy of ***current*** BLS Provider CPR Card
  (AHA or equivalent, list of accepted cards on the State Fire Prevention Commission website)
- ☐ Copy of Pro Board/IFSAC Hazardous Materials Awareness Certificate
  Challenging Test with NFPA 1010
- ☐ Copy of Pro Board/IFSAC Hazardous Materials Operations Certificate
  Challenging Test with NFPA 1010
- ☐ Verification of DSFS Core Classes or DSFS Equivalency Waiver
  - Basic Firefighting Skills
  - Structural Firefighting Skills
  - Hazardous Materials Response Skills
  - Vehicle Rescue
- ☐ Signed Training Officer Declaration
  (Stating the candidate knows operational guidelines, command structure, and equipment, and has current medical clearance)
- ☐ Completed Medical Approval Form
  (Verifying physical fitness to perform firefighting activities, must be within **90 days** of testing.)
  Candidate may be scheduled to test but will be rejected if not received one week before testing.

Candidate Signature: _____ Date: _____

NFPA 1010 - Firefighter I & II Certification Challenge Application

Please print clearly

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

PHONE NUMBER: _____

FIRE DEPARTMENT/COMPANY AFFILIATION: _____

PRO BOARD ID# (4 Digit code associated with your certification): _____

NFPA 1010 Challenge (Select ONE)

Date of Testing: _____

☐ I will be challenging **ONLY** the Firefighter II level

☐ I will be challenging **BOTH** the Firefighter I & II levels

NFPA 470 Challenge (if needed)

☐ I will also be challenging **ONLY** the Hazardous Materials Operations level

☐ I will also be challenging **BOTH** the Hazardous Materials Awareness *and* Operations levels

I would like to order the following reference books (MUST be picked up at DSFS Dover)

☐ IFSTA Essentials of Firefighting 8th Edition **Textbook**

☐ IFSTA Essentials of Firefighting 8th Edition **Workbook**

☐ IFSTA Essentials of Firefighting 8th Edition **Exam Prep**

I attest that I have the pre-requisite training courses and the certification is attached to this application. I understand that if **all** documentation is not attached, the application will not be accepted and will be returned.

Candidate Signature _____ Date _____

☐ I am requesting Written testing accommodations

☐ Extra Time for Written Test due to reading comprehension

☐ Written Test to be read out loud due to reading comprehension

I attest that I have approved this Candidate's application for testing, and that all required documentation is attached. The Candidate is physically able to perform the physical tasks for testing. Any medical, first aid, or related charges for injury or illness will be the responsibility of the sponsoring organization.

Authorizing Officer Signature _____ Date _____

Authorizing Officer Name & Rank (Print) _____ Phone: _____

Applications received after the noted registration deadline WILL NOT be accepted.

Out-of-State Fire Departments and Companies **MUST** submit payment with application

Check Amount $ _____ Check number _____

Credit Card: Cardholder Name _____ Phone number: _____

Fees paid for any Candidate not accepted to testing will be refunded in FULL

DSFS Declaration of Certification Applicant's Ability to Perform Local

Company Tasks and Procedures

As the Authorized Officer of the _____Fire Company, I have observed the performance of _____and swear that this applicant for certification is thoroughly familiar with the Standard Operating Procedures/guidelines and equipment of this Fire Company and has demonstrated proficiency in compliance in all areas listed and checked below. (Check each as the applicant properly performs the task.)

⇒ Operation of Company Communications Equipment

- Portable radio
- Mobile radio in apparatus
- Initiate an emergency call for assistance
- Transmit and receive messages with the use of a radio

⇒ Station phone system policy and procedure to properly answer and respond to

- Emergency calls
- Non-emergency calls
- Operation of the station intercom is available.

⇒ Operation of safety equipment required for riding fire equipment

- Seat belt

_____

Authorized Officer Name & Rank (Print Name)

_____ _____

Authorized Officer Signature Date

DSFS Firefighter I & II Certification Medical Clearance Form

This medical approval form intends to verify to the Delaware State Fire School that the applicant named below is physically capable of performing typical firefighting activities as part of the Firefighter I Certification practical evaluation. This form must be submitted with your application. Please have it completed by a physician/medical professional of your choice. The form must be completed by the testing date to be registered.

Applicant's Name: _____ Applicant's Date of Birth:_____

Street Address: _____

City: _____State: _____Zip:_____

Examples of Activities to be performed

1. Performing fire-fighting tasks (e.g., hose line operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus.
2. Climbing up to five flights of stairs while wearing a fire protective ensemble weighing at least 50 lbs. or more and carrying equipment/tools weighing an additional 20 to 40 lbs.
3. Wearing firefighting personal protective equipment which is insulated that may result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature.
4. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing 180 lbs. to safety despite hazardous conditions and low visibility
5. Advancing water-filled hose lines up to 2½ in. in diameter from fire apparatus to occupancy (approximately 150 ft), which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
6. Raising and climbing portable ladders, operating from heights, walking, or crawling in the dark along narrow and uneven surfaces.

Medical Professional's Verification

I am a Medical Professional, authorized to perform physical evaluations, and I have examined the above-named individual and have found them to be physically capable of performing typical firefighting activities as part of the firefighter I/II certification practical evaluation at the Delaware State Fire School.

Medical Professional's Name & Qualification (Type or Print)_____

Street Address: _____

City: _____State: _____Zip: _____

Note any Restrictions: _____

_____

_____

Medical Professional's Signature: _____ Date:_____