

North Dakota Firefighter's Association

EXAMINATION REQUEST / CERTIFICATION REQUEST FORM

Please complete all information on BOTH sides of this form and return to the NDFA at least **30 days prior** to the requested examination date. **A separate request MUST be made for each level of certification exam desired and for each exam date.**
 Phone Number: 701-222-2799. FAX: 701-222-2899.

Technical Rescuer Examination Request for Written / Skills – Check the appropriate level

Basic Level						
Discipline	Written	Manipulative	Written	Manipulative	Curriculum	
Hazardous Materials	Awareness <input type="checkbox"/>	<input type="checkbox"/>	Operations <input type="checkbox"/>	<input type="checkbox"/>	IFSTA <input type="checkbox"/>	J&B <input type="checkbox"/>
Firefighter	FFI <input type="checkbox"/>	<input type="checkbox"/>	FF II <input type="checkbox"/>	<input type="checkbox"/>	IFSTA <input type="checkbox"/>	J&B <input type="checkbox"/>
Advanced Level						
Discipline	Written	Manipulative	Written	Manipulative	Curriculum	
Instructor	Level I <input type="checkbox"/>	<input type="checkbox"/>	Level II	Coming Soon	IFSTA <input type="checkbox"/>	J&B <input type="checkbox"/>
Fire Officer	Level I <input type="checkbox"/>	<input type="checkbox"/>	Level II	Coming Soon	IFSTA <input type="checkbox"/>	J&B <input type="checkbox"/>
Technical Rescue						
Discipline	Written	Manipulative	Written	Manipulative	Curriculum	
Rope Rescue	Level I <input type="checkbox"/>	<input type="checkbox"/>	Level II <input type="checkbox"/>	<input type="checkbox"/>	IFSTA <input type="checkbox"/>	J&B <input type="checkbox"/> Other <input type="checkbox"/>
Structural Collapse	Level I <input type="checkbox"/>	<input type="checkbox"/>	Level II <input type="checkbox"/>	<input type="checkbox"/>	IFSTA <input type="checkbox"/>	J&B <input type="checkbox"/> Other <input type="checkbox"/>
Confined Space	Level I <input type="checkbox"/>	<input type="checkbox"/>	Level II <input type="checkbox"/>	<input type="checkbox"/>	IFSTA <input type="checkbox"/>	J&B <input type="checkbox"/> Other <input type="checkbox"/>
Trench Rescue	Level I <input type="checkbox"/>	<input type="checkbox"/>	Level II <input type="checkbox"/>	<input type="checkbox"/>	IFSTA <input type="checkbox"/>	J&B <input type="checkbox"/> Other <input type="checkbox"/>

Number Taking Written Examination: _____ Number Taking Manipulative exam: _____

Department Name: _____ Department Address: _____

Contact Phone Number: _____

Requested Date(s) and Time(s): _____

Examination Location: _____

By the signature below we acknowledge that:

- 1) Training records exist to support that everyone who will attend the exam has received a learning experience in each subject area required for testing and has met all other requirements for the level being examined as specified in the Certification Policy and Procedures Manual. **These training records must be presented to the evaluator prior to skills testing. Evaluators are NOT allowed to conduct skills testing without first verifying training records.**
- 2) Department requesting the above exam, will have appropriate space and safe accommodations and equipment for all written and manipulative skills.

 Fire Chief/Head of Department (Signature) Training Officer (Signature)

 Fire Chief/Head of Department (typed/printed) Training Officer (typed/printed)

Type or print names of participants who will be taking the examination.

	Candidates Printed Name	Last Four of SSN	Email
1.		XXX-XX-_____	
2.		XXX-XX-_____	
3.		XXX-XX-_____	
4.		XXX-XX-_____	
5.		XXX-XX-_____	
6.		XXX-XX-_____	
7.		XXX-XX-_____	
8.		XXX-XX-_____	
9.		XXX-XX-_____	
10.		XXX-XX-_____	
11.		XXX-XX-_____	
12.		XXX-XX-_____	
13.		XXX-XX-_____	
14.		XXX-XX-_____	
15.		XXX-XX-_____	
16.		XXX-XX-_____	
17.		XXX-XX-_____	
18.		XXX-XX-_____	
19.		XXX-XX-_____	
20.		XXX-XX-_____	
21.		XXX-XX-_____	
22.		XXX-XX-_____	
23.		XXX-XX-_____	
24.		XXX-XX-_____	

Send Request form to:

North Dakota Firefighter's Association
1502 Grumman Lane, Suite 2, Bismarck, ND 58504
FAX: (701) 222-2899
EMAIL: Jgeltel@nd.gov