



North Dakota Firefighter 's Association
1502 Grumman Lane, Suite 2

Bismarck, ND 58504

Phone: (701) 222-2799
Fax: (701) 222-2899

www.ndfa.net

EXAMINATION 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.** Send completed forms to cdemellorice@nd.gov.

Examination Request for Written / Skills – Check the appropriate level							
Basic Level							
Discipline	Written	Manipulative	Written	Manipulative	Curriculum	Edition	
Hazardous Materials	Awareness <input type="checkbox"/>	<input type="checkbox"/>	Operations <input type="checkbox"/>	<input type="checkbox"/>	J&B <input type="checkbox"/>	_____	
Fire Fighter	FFI <input type="checkbox"/>	<input type="checkbox"/>	FF II <input type="checkbox"/>	<input type="checkbox"/>	J&B <input type="checkbox"/>	_____	
Advanced Level							
Discipline	Written	Manipulative	Written	Manipulative	Curriculum	Edition	
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	Edition	
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: _____

Requested Test Date(s): _____

Requested Test Start Time(s): _____

Testing Tablets Needed for Written Examination: _____

Examination Location: _____

Contact Name: _____

Department Name and Address: _____

Contact Phone Number: _____

By the signature below we acknowledge that 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 for as specified in the Certification Policy and Procedures Manual. 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	Department	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-	
25			XXX-XX-	

Send Request form to:

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