



CERTIFICATION TESTING REQUEST

NORTH DAKOTA FIREFIGHTER'S ASSOCIATION

ND Firefighter's Association
1502 Grumman Lane, suite 2
Bismarck, ND 58504

- 1) Please complete BOTH sides of this form and return to the NDFA at least **30 days prior** to the requested examination date.
- 2) **A separate request MUST be made for each level of certification exam desired and for each exam date.**
- 3) 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			Operations		J&B	_____
Fire Fighter	FFI			FF II		J&B	_____
Advanced Level							
Discipline		Written	Manipulative	Written	Manipulative	Curriculum	Edition
Instructor	Level I			Level II	Coming Soon	IFSTA J&B	_____
Fire Officer	Level I			Level II	Coming Soon	IFSTA J&B	_____
Technical Rescue							
Discipline		Written	Manipulative	Written	Manipulative	Curriculum	Edition
Rope Rescue	Level I			Level II		IFSTA J&B Other	_____
Structural Collapse	Level I			Level II		IFSTA J&B Other	_____
Confined Space	Level I			Level II		IFSTA J&B Other	_____
Trench Rescue	Level I			Level II		IFSTA J&B Other	_____

Number Taking Written Examination: _____ Number Taking Manipulative Exam: _____

Requested Test Date(s): _____ Requested Test Start Time(s): _____

Testing Tablets Needed for Written Examination: Yes No

Examination Location: _____

Contact Name: _____ Dept. Name and Address: _____

Contact Phone Number: _____

Test site open to other departments: Yes No _____

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:

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