

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 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 (type/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