

# AFSSAC

Fire Safety Division



# FIRE OFFICER CERTIFICATION PROGRAM



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## MISSION

**The Division of Fire Safety provides proactive statutory enforcement, regulatory oversight and education to protect all lives and property from the devastation of fires, explosions and life safety perils.**



## **CERTIFICATION PROCESS**

The guidelines for the AFSSAC certification program are designed to ensure accountability, consistency, and credibility of instruction, testing, and certification of fire fighters in the Arab Countries.

### **The main goals of the Certification program are:**

1. To raise the level of fire protection for the Arab Countries.
2. To improve training and education for the fire service of Arab Countries.
3. To establish minimum basic training standards for fire protection personnel.
4. Issuance of certificates to persons who complete requirements for certification and pass the required AFSSAC examinations.
5. To maintain records of persons who have obtained AFSSAC certification.

Fire Officer Certification is provided through Arab Fire Safety & Security Academy Division of Fire Safety. The AFSSAC Division of Fire Safety shall certify officers based on a combination of requirements and qualifications.

The AFSSAC Division of Fire Safety subscribes to the policy of nondiscrimination in areas of race, color, religion, sex, age, national origin, or disability. Entry level qualifications are reviewed to ensure that each applicant meets the specified requirements.



## **Fire Officer Certification**

Certification is granted to those individuals who meet the required qualifications and successfully pass the appropriate Fire Officer certification examination. The requirements for Fire Officer are based on the Standard for Fire Officer Professional Qualifications, NFPA 1021-2014. All qualifications must be met and documentation supplied to the Division of Fire Safety prior to admission to the examination.

**Applicants have one year from the time of course completion to complete the certification process.**

### **I. Applicants General Requirements for Fire Officer I & II Certification**

Certification as Fire Officer will be issued to those individuals who have met the following guidelines and provided documentation verifying:

- A. Applicant must be certified by the AFSSAC Division of Fire Safety as a Fire Fighter II according to NFPA 1001-2013 Standard.
- B. Instructor I Certification - Applicant must be certified with the Division of Fire Safety as a Fire Service Instructor I if he or she is applying for certification under the NFPA 1021 - 2014 standard.
- C. Applicant must provide verification that he/she has three years of active service within the fire service OR a letter of recommendation from the Fire Chief of his/her department.
- D. Applicant must be a resident of Arab countries, or employed within KSA.
- E. Applicant must have completed an approved Fire Officer training program according to NFPA 1021, and provided verification of successful completion of the course and all required practical skills.
- F. Applicant must attain a minimum score of 60% on the appropriate level of the Division of Fire Safety's Fire Officer certification examination.
- G. Prior to obtaining certification at the Fire Officer II level, the applicant must first attain Fire Officer I certification.



## **II. Fire Officer Guidelines for Course Approval**

The Division of Fire Safety will approve courses for the purpose of meeting the requirements of fire officer levels according to the following guidelines:

- A. The course must be approved by the Division of Fire Safety as meeting or exceeding the appropriate level of NFPA 1021.
- B. The Lead Course Instructor must provide verification that the candidate has successfully completed the course and all required practical skills. The students completed practical skills books should be sent to the Division of Fire Safety within two months after the completion of the course.
- C. Training records for the course shall be maintained by the department and/or Lead Course Instructor.
- D. The Lead Course Instructor and/or department shall agree to inspection of course records during regular business hours if deemed necessary by the Division of Fire Safety.
- E. Courses will be approved only for departments that have completed the statutory requirement of annual registration with the Division of Fire Safety.



### **III. Requirements of Lead Course Instructor**

The Lead Course Instructor is defined as the individual responsible for course scheduling, arrangement of assistant instructors, and documentation for the course.

- A. Certification by the Division of Fire Safety at the Fire Officer level to be taught. The Fire Officer requirement may be waived at the request of the Chief Officer of the authority having jurisdiction in the event no one on the department meets this requirement. It is then suggested that the instructor take the appropriate Fire Officer certification exam with the class.
- B. Five years of experience with the fire service, three of which must be in an officer position.
- C. Certification as a Fire Service Instructor I (or higher) with the Division of Fire Safety.
- D. Responsible for all training records, course applications and practical skills.
- E. Lead Course Instructor must meet all requirements listed in Section I of this booklet.



#### **IV. Approved Courses & Test Eligibility**

The candidate for AFSSAC certification must have attended one of the following courses in order to be eligible to take the Division of Fire Safety Certification Exam:

- A. Fire Officer I and/or Fire Officer II course produced and administered by the AFSSAC Division of Fire Safety. This course is formatted to meet NFPA 1021-2014.
- B. Fire Officer I and/or Fire Officer II course produced and administered by the AFSSAC Division of Fire Safety. This course is formatted to meet NFPA 1021-2014.
- C. A Bachelor's degree in Fire Service Administration or Public Administration from an approved college or university.

All other courses must be submitted and reviewed for approval by the Division of Fire Safety prior to acceptance for the certification exam.





### **V. Procedure for Course Approval**

- A. If you are wanting to conduct a Fire Officer Course within your department or agency, and you are using one of the approved curricula listed on the previous page, you must submit an "Approval Request for Fire Officer Course Delivery" form (enclosed) detailing when and where the course is to be delivered, course completion date, Lead Course Instructor, and the department/agency responsible for record keeping.

NOTE: Courses will not be approved for departments that have not complied with the AFSSAC Statutory requirement of yearly registration with the Division of Fire Safety.

- B. If you are submitting a new course for approval, you will need to submit the following for review:
1. Instructor's Guide
  2. Text
  3. Student Workbook
  4. Tests

**IMPORTANT:** The Division of Fire Safety's Fire Officer I and II practical skills must be used for all courses. The Division of Fire Safety will keep all material submitted on file after approval has been granted. The Division shall be notified of any change or revision in course content or support materials.



## **VI. Applying for Testing and Certification**

- A. Applicants may apply for testing and certification by completing the enclosed "Application for Testing and Certification" form. The application *must* include the following for certification consideration.
  - 1. Applicant must provide full name and personal information
  - 2. The Lead Instructor must indicate successful Fire Officer I and/or II course completion.
  - 3. The Fire Chief must attest that the applicant has met the criteria established by the Division of Fire Safety and NFPA 1021-2014.
- B. Applicant must complete an "Authorization for Release of Information" form (enclosed).
- C. Applicant must submit a copy of a certificate/training record verifying his or her successful completion of an approved Fire Officer program. Documentation of successful completion of all practical skills must be submitted prior to certification being issued.



**FIRE OFFICER CERTIFICATION PROGRAM**

**VII. Administration of the Fire Officer Certification Examination**

The **Fire Officer Certification Examinations** will be generated and administered at least twice annually by the Division of Fire Safety. The certification exam bank is referenced to IFSTA's *Fire Department Company Officer*, 3rd Edition. Applicants must take the certification exam within one year of completing the appropriate course.

*SAMPLE TEST QUESTION*

Emergency scenes are divided into three operating zones.

They are:

- a. action, staging, and standby.
- b. operations, staging, and command.
- c. hot, warm, and cold zones.
- d. divisions, sectors, and command.

Applicants will have 2 hours to complete the 100 question, multiple-choice test for each level. Following completion of the written examination, applicants will be notified by the Division as to whether they passed or failed. The applicant must achieve a score of 60% on the exam in order to qualify for certification. No record will be made or kept of an applicant's percentage score from the examination. Tests and scores shall be destroyed following scoring.

In the event that an applicant fails the examination, the applicant may apply to retake the exam within one year from the course completion date. Should an applicant fail the exam a second time, he or she will be required to attend and successfully pass an approved Fire Officer training course and submit documentation of which to the Division of Fire Safety prior to taking the exam a third time.

Applicants must successfully pass all of the Division of Fire Safety's practical skills conducted during the completion of an approved course. It is mandatory that all of the skills and supporting documentation be submitted to the Division of Fire Safety within *two months* of completion of the course. Following receipt by the Division, all of the skills will be reviewed and evaluated to determine whether the applicant has passed or failed the skills exam. Applicants will be notified by the Division of only pass or fail status following evaluation of their individual skills.



***FIRE OFFICER CERTIFICATION PROGRAM***

**VIII. Applying for Fire Officer Equivalency/Reciprocity**

For both Equivalency and Reciprocity, the candidate must mail in all documentation. Application must be original; all other documentation may be copies. The Division of Fire Safety will not accept any faxed or emailed applications.

Equivalency

Individuals not holding certification accredited by the International Fire Service Accreditation Congress (IFSSAC) must comply with the following guidelines:

- A. Candidate must complete the appropriate application and attach supporting documentation.
- B. The candidate must be a member of a Fire Department and must have the signature of the Fire Chief in order to request reciprocity.
- C. Candidate must submit documentation of training and testing that complies with each component of the appropriate NFPA Standard for desired level of certification. Documentation must be dated within the last 5 years.
- D. Candidate must successfully pass the Division of Fire Safety's written exam with a minimum score of 60% for desired level of certification and practical skills exam, where applicable.
- E. Applicant must meet the general requirements for certification as outlined in the appropriate certification booklet.

Reciprocity

Individuals holding certification accredited by the International Fire Service Accreditation Congress (IFSSAC) must comply with the following guidelines:

- A. Candidate must complete the appropriate application and attach supporting documentation.
- B. Certificates must clearly indicate IFSSAC Accreditation for the level of certification.
- C. Provide the Division with written verification from the non-IFSSAC certifying authority that the applicant's certification is current, valid and in good standing.
- D. The candidate must be a member of a Fire Department and must have signature of the Fire Chief in order to request reciprocity
- E. Applicant must meet the general requirements for certification as outlined in the appropriate certification booklet.

The IFSSAC Division of Fire Safety Training Division will review and verify all documentation. Once documentation has been reviewed and verified to meet the certification criteria, the candidate will be issued reciprocity. If documentation does not meet the certification requirements, the candidate will be denied reciprocity. The candidate would then be required to complete an approved training program and meet all certification requirements including but not limited to, passing written and practical skills certification exams.



### **IX. Saving Clause**

The qualifications developed in this program shall not be used to render invalid any rank, qualification, or appointment acquired prior to the adoption of this program.

### **X. Suspension, Revocation, or Denial**

The Director of the Division of Fire Safety may suspend, revoke, or deny certification to any fire officer when it is found that the individual:

- A. Has knowingly made a material misrepresentation of any information required for certification at any level offered by the Division of Fire Safety.
- B. Has knowingly by any means of false pretense, deception, fraud, misrepresentation or cheating, obtained training or certification.
- C. Has been convicted of or pleaded guilty to a felony.
- D. Fails to achieve a score of 60% on the Division of Fire Safety certification exam or pass all of the required practical skills.

All certifications currently held by the individual will be reviewed.



## XI. Appeal Process

Upon the revocation or denial of a certification level, the decision may be appealed in writing to a Board of Appeals within 45 days of the date of the revocation or denial letter.

The Appeal Board may elect to:

1. Deny the appeal without action
2. Make a recommendation to the Director of the Division of Fire Safety from the written appeal
3. Hold an informal appeal hearing with the individual revoked or denied certification

The Appeal Board shall notify the Director of the Division of Fire Safety and the individual submitting appeal within 90 day of receipt of the appeal.

Failure of any AFSSAC certification exam **SHALL NOT** be grounds for an appeal.

|  |  |               |
|--|--|---------------|
| Date Received  |  <b>Arab Fire Safety &amp; Security Academy</b><br>Division of Fire Safety<br>Website: <a href="http://www.afssac.edu.sa">www.afssac.edu.sa</a> | Date Approved |
| Received By  |  | Approved By   |
| <b>Application for the Division of Fire Safety<br/>Fire Officer I or Fire Officer II Course Delivery</b> |  |               |

|  |                  |                     |  |                               |  |
|--|------------------|---------------------|--|-------------------------------|--|
| <b>Location for Course</b>   |                  | <b>Start Date</b>   | <b>Expected End Date</b>               |                               |  |
|  |                  |                     |  |                               |  |
| <b>Street Address</b>  |                  | <b>City</b>         | <b>Zip Code</b>                        | <b>Number of Students</b>     |  |
|  |                  |                     |  |                               |  |
| <b>Course to be Delivered:</b>   |                  |                     |  |                               |  |
| <input type="checkbox"/> Fire Officer I <input type="checkbox"/> Fire Officer II <input type="checkbox"/> NFPA 1021-2014 |                  |                     |  |                               |  |
| <b>Location of Course Records:</b>   |                  |                     | <b>Person Responsible for Records:</b> |                               |  |
|  |                  |                     |  |                               |  |
| <b>Lead Instructor Information:</b>  |                  |                     |  |                               |  |
| <b>Social Security #</b>   | <b>Last Name</b> | <b>First Name</b>   |  | <b>Middle Name or Initial</b> |  |
|  |                  |                     |  |                               |  |
| <b>Home Address of Instructor</b>  |                  | <b>City</b>         | <b>State</b>                           | <b>Zip Code</b>               |  |
|  |                  |                     |  |                               |  |
| <b>Email Address</b>   |                  | <b>Phone Number</b> |  |                               |  |
|  |                  |                     |  |                               |  |

|  |                        |             |              |   |  |
|--|------------------------|-------------|--------------|---|--|
| <b>Fire Department / Agency Information:</b> |                        |             |              |   |  |
| <b>FDID No.</b>                              | <b>Department Name</b> |             |              | <b>Department Phone # (non-emergency)</b> |  |
|  |                        |             |              |   |  |
| <b>Street Address</b>                        |                        | <b>City</b> | <b>State</b> | <b>Zip Code</b>                           |  |
|  |                        |             |              |   |  |
| <b>Signature</b>                             |                        |             |              | <b>Date</b>                               |  |
|  |                        |             |              |   |  |

| Division of Fire Safety Use Only |     |    |      |          |                  |     |           |      |          |
|----------------------------------|-----|----|------|----------|------------------|-----|-----------|------|----------|
|                                  | Yes | No | Date | Initials |                  | Yes | No        | Date | Initials |
| Approval Granted                 |     |    |      |          |                  |     |           |      |          |
| Approval Letter Sent             |     |    |      |          |                  |     |           |      |          |
| Copy to:                         |     |    |      |          | Data Entry Date: |     | Initials: |      |          |

|  |  |               |
|--|--|---------------|
| Date Received  |  <b>Arab Fire Safety &amp; Security Academy</b><br>Division of Fire Safety<br>Website: <a href="http://www.afssac.edu.sa">www.afssac.edu.sa</a> | Date Approved |
| Received By  |  | Approved By   |
| <b>Application for Division of Fire Safety Course Enrollment</b> |  |               |

**Course Applying for:**

|                                |   |  |  |                                    |
|--------------------------------|---|--|--|------------------------------------|
| <b>Fire Officer</b>            | <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Fire Officer II |  |                                    |
| <b>Fire Service Instructor</b> | <input type="checkbox"/> Level I        | <input type="checkbox"/> Level II        |  | <input type="checkbox"/> Evaluator |
| <b>Fire Inspector</b>          | <input type="checkbox"/>                |  |  |                                    |
| <b>Fire Investigator</b>       | <input type="checkbox"/>                |  |  |                                    |

**Location of Course Applying for:**

**Date:**

|  |  |
|--|--|
|  |  |
|--|--|

**Personal Information:**

| Social Security #         | Last Name | Suffix | First Name | Middle Name or Initial |          |
|---------------------------|-----------|--------|------------|------------------------|----------|
|                           |           |        |            |                        |          |
| Home Address of Applicant |           |        | City       | State                  | Zip Code |
|                           |           |        |            |                        |          |

**Current Fire Department/Agency Information:**

| FDID No.       | Department Name  | Department Phone Number (non-emergency) |  |  |
|----------------|------------------|---|--|--|
|                |                  |   |  |  |
| Street Address | City             | State                                   | Zip Code   |  |
|                |                  |   |  |  |
| Job Title      | Years of Service |   | POST Certified   |  |
|                |                  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**Division of Fire Safety Use Only**

| Received                 | Yes    | No | Date | Initials         |                    | Yes | No | Date | Initials |
|--------------------------|--------|----|------|------------------|--------------------|-----|----|------|----------|
| Driver's License         |        |    |      |                  | Passed Course      |     |    |      |          |
| Recommendation Letter    |        |    |      |                  | Passed Skills Exam |     |    |      |          |
| Supporting Documentation |        |    |      |                  | NFPA Standard:     |     |    |      |          |
| Certificate Issued       |        |    |      |                  | Explain:           |     |    |      |          |
| Years of Service:        | FF1&2: |    |      | Data Entry Date: | Initials:          |     |    |      |          |



**Please supply the following information:**

|                           |                   |  |                      |
|---------------------------|-------------------|--|----------------------|
| <b>Driver's License #</b> | <b>D.L. State</b> | <b>Personal Phone #</b><br><input type="checkbox"/> Home <input type="checkbox"/> Cell | <b>Email Address</b> |
|---------------------------|-------------------|--|----------------------|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|                      |            |                             |  |  |
|----------------------|------------|-----------------------------|--|--|
| <b>Date of Birth</b> | <b>Sex</b> | <b>Fire Department Type</b> |  |  |
|----------------------|------------|-----------------------------|--|--|

|  |   |                                       |                                  |   |
|--|---|---------------------------------------|----------------------------------|---|
|  | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Volunteer FF | <input type="checkbox"/> Paid FF | <input type="checkbox"/> Private Industry |
|--|---|---------------------------------------|----------------------------------|---|

|                             |  |             |                        |                             |
|-----------------------------|--|-------------|------------------------|-----------------------------|
| <b>High School Diploma?</b> | <b>If No, Highest Grade Completed?</b> | <b>GED?</b> | <b>College Degree?</b> | <b>If yes, which major?</b> |
|-----------------------------|--|-------------|------------------------|-----------------------------|

|  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|--|--|--|--|--|

**Have you ever forfeited bond, entered a plea of guilt or been convicted of any criminal offense (other than minor traffic offenses)?**

Yes  No **If yes, attach explanation** regarding the date of conviction, original charge, jurisdiction, disposition, and circumstances surrounding the offense.

**Prerequisite Training Courses Attending (attach documentation):**

|                            |              |
|----------------------------|--------------|
| Course and Location: _____ | Hours: _____ |
| Course and Location: _____ | Hours: _____ |

**Authorization for Release of Information**

I, (Print Full Name) \_\_\_\_\_ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications.

I further authorize all law enforcement agencies, and/or Local government agencies to furnish the AFSSAC Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the AFSSAC Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer or his designee of my organization.

A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

|   |             |
|---|-------------|
| <b>To be completed by applicants Fire Chief or Academy Representative</b>   |             |
| I certify that the above applicant meets the physical requirements set down by the _____ (Authority Having Jurisdiction) to perform the duties of fire fighter. |             |
| Signature: _____  | Date: _____ |

**COMPLETED APPLICATION AND SUPPORT DOCUMENTATION MUST BE SUBMITTED NO LATER THAN 14 DAYS BEFORE COURSE BEGINS**

|  |  |               |
|--|--|---------------|
| Date Received                                    |  <b>Arab Fire Safety &amp; Security Academy</b><br>Division of Fire Safety<br>Website: <a href="http://www.afssac.edu.sa">www.afssac.edu.sa</a> | Date Approved |
| Received By                                      |  | Approved By   |
| <b>Application for Testing and Certification</b> |  |               |

| Location for Testing | Date |
|----------------------|------|
|                      |      |

| Personal Information:     |           |        |            |                        |          |
|---------------------------|-----------|--------|------------|------------------------|----------|
| Social Security #         | Last Name | Suffix | First Name | Middle Name or Initial |          |
|                           |           |        |            |                        |          |
| Home Address of Applicant |           |        | City       | State                  | Zip Code |
|                           |           |        |            |                        |          |

| Current Fire Department Information: |                 |   |       |          |
|--------------------------------------|-----------------|---|-------|----------|
| FDID No.                             | Department Name | Department Phone Number (non-emergency) |       |          |
|                                      |                 |   |       |          |
| Street Address                       |                 | City                                    | State | Zip Code |
|                                      |                 |   |       |          |

| Please supply the following information: |   |  |  |
|--|---|--|--|
| Driver's License #                       | D.L. State  | Personal Phone #   | Email Address  |
|  |   |  |  |
| Date of Birth                            | Sex   | High School Diploma?                                     | GED?   |
|  | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Fire Department Type  |                                  |  |                                  |  |
|---|----------------------------------|--|----------------------------------|--|
| <input type="checkbox"/> Volunteer FD   | <input type="checkbox"/> Paid FD | <input type="checkbox"/> Academy Student | <input type="checkbox"/> Private | <input type="checkbox"/> Other State or Federal Agencies |
| Have you ever been convicted of any criminal offense (other than minor traffic offenses)?   |                                  |  |                                  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, attach explanation</b> regarding the date of conviction, original charge, jurisdiction, disposition, and circumstances surrounding the offense. |                                  |  |                                  |  |

| Division of Fire Safety Use Only |     |    |      |          |                             |     |    |      |          |
|----------------------------------|-----|----|------|----------|-----------------------------|-----|----|------|----------|
| Received                         | Yes | No | Date | Initials |                             | Yes | No | Date | Initials |
| Driver's License                 |     |    |      |          | Passed Written Exam         |     |    |      |          |
| Course Records                   |     |    |      |          | Copy of Skills              |     |    |      |          |
| Supporting Documentation         |     |    |      |          | NFPA Standard Certified to: |     |    |      |          |
| Certificate Issued               |     |    |      |          | Explain:                    |     |    |      |          |

| Certification Applied For:       |   |  |  |
|----------------------------------|---|--|--|
| <b>Structure Fire Protection</b> | <input type="checkbox"/> Firefighter I  | <input type="checkbox"/> Firefighter II  | <b>Was Firefighter II taken online?</b>                  |
|                                  |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Hazardous Materials</b>       | <input type="checkbox"/> Awareness      | <input type="checkbox"/> Operations      | <b>Was Haz-Mat Awareness taken online?</b>               |
|                                  |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Fire Officer</b>              | <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Fire Officer II |  |
| <b>Fire Service Instructor</b>   | <input type="checkbox"/> Level I        | <input type="checkbox"/> Level II        |  |
| <b>Driver/Operator</b>           | <input type="checkbox"/> Pumper         |  |  |
| <b>Fire Inspector</b>            | <input type="checkbox"/>                |  |  |
| <b>Fire Investigator</b>         | <input type="checkbox"/>                |  |  |

**Authorization for Release of Information**

I, (Print Full Name) \_\_\_\_\_ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications.

I further authorize all law enforcement agencies, and/or Local government agencies to furnish the AFSSAC Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the AFSSAC Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer or his designee of my organization.

A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

|  |
|--|
| <p><b><u>To be completed by Lead Instructor</u></b></p> <p>It is hereby confirmed that the above applicant has attended and successfully completed an approved course as checked above.</p> <p>Location: _____</p> <p>Signature: _____ Date: _____</p> |
|--|

|   |
|---|
| <p align="center"><b>FOR FIRE SERVICE USE ONLY</b></p> <p><b><u>To be completed by applicants Fire Chief or Academy Representative</u></b></p> <p>I certify that the above applicant meets the physical requirements set down by the _____ (Authority Having Jurisdiction) to perform the duties of fire fighter.</p> <p>Signature: _____ Date: _____</p> |
|---|

**COMPLETED APPLICATION AND SUPPORT DOCUMENTATION MUST BE RECEIVED NO LATER THAN 14 DAYS PRIOR TO TEST DATE**