



Department of Emergency Services and Public Protection
 COMMISSION ON FIRE PREVENTION AND CONTROL

**FIRE OFFICER II
 EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate must complete this entire application prior to submission.

APPLICANT DATA

Last name		First name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home ()		Work ()	Cell ()	
Fire Department Name:				
Fire Department City/Town:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _____ - _____		Your ID consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers of your social security number.</u> Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite				
<input type="checkbox"/> State of Connecticut Certified Fire Officer I		AND	<input type="checkbox"/> State of CT Certified Fire Service Instructor I	
By my signature, I acknowledge that, per State Regulations, I have 12 months from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.			Applicant Signature _____	

EXAMINATION DATA

Type of Examination (Check One). (Applicants may apply for both types of examinations on a single application). The Certification Unit must receive applications a minimum of 10 days prior to the requested examination date. **Late applications will not be accepted or processed.**

Written Examination _____ Date _____	Practical Examination _____ Date _____
Examination Location _____	Examination Location _____

\$35.00 application fee required with application.

Check (please indicate check # and date)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Security Code _____
	Card Holder's Name: _____
	Card Holder's Signature _____
	Expiration Date: _____

DO NOT SEND CASH

By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination. I understand that intentionally making a false statement on this application will result in revocation of certification.

Applicant's Signature _____	Date _____
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Remit completed application and fee to: Commission on Fire Prevention and Control
 34 Perimeter Road
 Windsor Locks, CT 06096-1069

NAME: _____ FFID#: _____

FIRE OFFICER II – NFPA Standard 1021 Compliance

All objectives of NFPA Standard 1021, Fire Officer II, must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:

Practical Skills Evaluation Sheets

Each candidate for Fire Officer II Certification must be provided with, exposed to, and evaluated on all Fire Officer II Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate's initials in this section acknowledge receipt of a copy of all Fire Officer I Skills Evaluation Sheets.

I hereby acknowledge receipt of the Fire Officer II Practical Skills Evaluation Sheets **Candidate Initials:** _____

Compliance Method 1 - Successful completion of the Connecticut Fire Academy Fire Officer II training program

Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Fire Officer II accredited certification

Compliance Method 3 - Examination Challenge – Director of Certification approval required

All psychomotor objectives (Job Performance Requirements) of NFPA Standard 1021, 2009 edition, Fire Officer II, must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all Skill Sheets below.

SS Number	Job Performance Requirement	Completion Date	Evaluators Initials	Certification Only
5.2.1A	Initiate Action to Maximize Performance			
5.2.2A	Evaluate Job Performance			
5.2.3A	Create Professional Development Plan			
5.3.1A	Cooperate with Allied Organizations			
5.4.1A	Develop Policy or Procedure			
5.4.2A	Develop a Project or Divisional Budget			
5.4.3A	Describe Purchasing Process			
5.4.4A	Prepare News Release			
5.4.5A	Prepare a Report			
5.4.6A	Develop a Plan for Change			
5.5.1A	Determine Cause and Origin			
5.6.1A	Produce Operational Plans			
5.6.2A	Develop and Conduct a Post Incident Analysis			
5.6.3A	Prepare a Written Report – Incident Report Data			
5.7.1A	Analyze Occupational Safety and Health Reporting			

By signing below, I certify that this candidate is a graduate of a training program designed to meet or exceed the requirements of NFPA 1021, Chapter 5, 2014 edition. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies, Section 7-323*. I have reviewed all training records indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date