



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

**RESCUE TECHNICIAN – CONFINED SPACE I/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		
<b>Prerequisite Examination Level</b>				
<input type="checkbox"/> Rescue Technician CORE				
By my signature, I acknowledge that, per State Regulations, I have <b>12 months</b> from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.			_____ Applicant Signature	

**WRITTEN EXAMINATION DATA**

Examination Date _____	The Certification Unit <u>must</u> receive applications a minimum of 10 business days prior to the requested examination date. <b>Late applications will not be accepted or processed.</b>
Examination Location _____	

\$50.00 application fee required with application. Please check type of payment below:

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#: \_\_\_\_\_

**RESCUE TECHNICIAN – CONFINED SPACE I/II      NFPA Standard 1006, Chapter 7, Compliance**

All objectives of NFPA Standard 1006, Chapter 7, 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 Rescue Technician – Confined Space I/II Certification must be provided with, exposed to, and evaluated on all Rescue Technician – Confined Space I/II Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate’s initials in this section acknowledge receipt of a copy of all Rescue Technician – Confined Space I/II Skills Evaluation Sheets.

<b>I hereby acknowledge receipt of the Rescue Technician – Confined Space I/II Practical Skills Evaluation Sheets</b>	<b>Candidate Initials:</b>
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<input type="checkbox"/> <b>Compliance Method 1</b> - Successful completion of the Connecticut Fire Academy Rescue Technician – Confined Space I/II training program
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<input type="checkbox"/> <b>Compliance Method 2</b> - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Rescue Technician – Confined Space I/II accredited certification
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<input type="checkbox"/> <b>Compliance Method 3</b> - Examination Challenge – Director of Certification Approval Required
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**NOTE: The examination served by this application is designed to examine only the objectives of Chapter 7 of NFPA Standard 1006, 2013 edition.**

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1006, 2013 edition, *Rescue Technician – Confined Space I/II*. 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 7-323I. 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