



Fire Service Technology CERTIFICATION EXAM REQUEST



This form must be completed, signed, and returned at least **forty five (45) days** prior to the requested exam date

Mail to: College of Eastern Idaho Fire Service Technology – 1600 S. 25th E. Idaho Falls, ID. 83404

OR

Fax to: (208) 523-1815

Contact Scot McGuire (208) 535-5488

This request is for: Written Exam Manipulative Skills Exam

❖ Before a test will be scheduled, a minimum of five (5) candidates is required. If less than five (5) candidates, contact FST for other available options.

All levels of testing are available at written testing events.

Department, Location, and Exam Information

Department name

Skills Examinations requested: ""

- | | | |
|--|---|--|
| <input type="checkbox"/> Fire Fighter I | <input type="checkbox"/> Hazardous Materials Operations | <input type="checkbox"/> Fire Instructor I |
| <input type="checkbox"/> Fire Fighter II | <input type="checkbox"/> Driver Operator/Pumper | |

❖ Number of candidates testing:

❖ Maximum number facility will accommodate:

Written examination to be conducted at _____ Manipulative skills examination to be conducted at _____

Written exam date requested _____ Start time _____ Manipulative skills exam date requested _____ Start time _____

Street address, City, Zip Code _____ Street Address, City, Zip code _____

Exam Requested By:

Chief / Training Official Signature _____ Chief / Training Official Name (typed or printed) _____ Date _____

Chief / Training Official Contact Number _____ Chief / Training Official Email Address _____

Chief's Verification of Testing, Facilities, and Equipment

I verify that the facilities and equipment used during this Written/Skills testing event ensures the health and safety of the participants. I also verify that the testing site, personal protective equipment, apparatus, and equipment used during the testing event meet the requirements of all applicable NFPA standards or other equivalent.

Chief Signature _____ Chief Name (typed or printed) _____ Date _____

Department Mailing Address _____ City _____ State _____ Zip _____