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 Questions? Contact Scot McGuire (208) 535-5488

This request is for: ☐ Initial Exam ☐ Written Exam ☐ Manipulative Skills Exam
☐ Retest Exam – *If retest, date when initial exam was taken:* ______________

- 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.

Department, Location, and Exam Information

____
Department name

Examination requested: *(Separate requests required for each exam level requested)*

☐ Fire Fighter I ☐ Hazardous Materials Operations ☐ Live Fire ☐ Fire Instructor I
☐ Fire Fighter II ☐ Driver Operator/Pumper ☐ Fire Officer I ☐ Fire Officer II

- Number of candidates testing: ____________________
- Publisher and version of training text used: ____________________

Examination requested to be conducted at:

Written exam date requested Start time | Manipulative Skills Exam date requested Start time

Location/Building where written exam will be given | Location/Building where manipulative skill exam will be given

Street address City State Zip

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

Chiefs 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