State Fire Marshal Training Division
Fire Fighter I
Application for Candidacy

(NOTE: Please type all pertinent data in the form below before printing)

Test Date(s) _____ Test Location(s) _____ Test Time(s) _____

I, _____ , a member of the _____

(First, Middle Initial, Last Name) (Organization, if applicable)

wish to formally submit an application to become a candidate for Fire Fighter I certification per the policy and procedures of the State Fire Marshal Training Division. I understand the sequence for testing, which includes Performance Skills Examinations (Interior Fire Attack and General Skills) and a Written Examination. I also understand that all PSE tests must be successfully completed before I qualify for the Written Examination, and my name must appear on a qualifications list before I will be permitted to enter any certification test site.

Applicant Signature _____

Applicant Mailing Address: _____

Home Phone # _____

Student ID# _____

Student ID is the 1st letter of your first name and first 4 letters of the last name and your date of birth example: John Brown 04/06/1962 would be JBrow04061962

Date of Birth _____

Cell Phone # _____

RETURN THIS FORM TO: State Fire Marshal Training Division
2410 North Wheeler Ave, Suite 112
Grand Island, NE 68801
or Fax to: 308.385.6890 Attn: Mickey

For SFMTD Office Use Only

Application Deadline:		Payment Description Option
Course Work Verified		Candidate Paid: Billed Dept:
Approval Date		SEM = Score:
Disapproval Date		Test #:
Exam Taken	IFA-PSE PSE WE	NPQS #:
Nebraska Certification #		IFSAC #:

Print Form

Updated: 10-26-09