Department of Community Affairs Division of Fire Safety

Phone: (609) 777-3552 Fax: (609) 341-3469

Pro Board / IFSAC

New Jersey Accreditation Application Form



1.	SSN:	(e.g., 111-11-1111)	For Official Use Only
	NJ DFS-ID Number:	(e.g., 111111)	
	Name:	(8,	Received:
	Address:		
	City, State, Zip:		Returned:
	Telephones: Home:		Approved:
	Work:		
	Wolk.	-	Ву:
	Email:		Comment:
	Date of Birth:		
	Gender:		
2.	CERTIFICATION TIT	LES & PROCESS	
	standards and Job Perform IFSAC: Firefighter 1, Fire 2, Fire Officer 1 and Fire skills examinations for ea prior to October 15, 2013 already possess out-of-sta NJ State written and skills sanctioned training progra NJ Division of Fire Safety accreditation. B. Testing will be cond fire county academy direct delivery costs, such as but testing equipment and prostructural firefighter prior requirements will be solel. C. Check the titles you	seek ProBoard and/or IFSAC accreditation. Firefighter 2 erials: Awareness Hazardous Materials: Operational Indicate accreditation preferred:	
	written and skills examina have successfully comple	plete form and fax to DFS with documentation that indicates that you hattions for each title you are seeking a ProBoard and/or IFSAC accreditation that indicates that you have been previously issued accepted the NJ initial training program and/or have been previously issued accepted.	on. Provide documentation that you
4.	Applicant's Signature:		
	Signature:	Date:	

Application Form Instructions

Please type or print clearly on the application form.

Certification will not be issued unless documentation is received and validated.

Section

- 1. Enter your Social Security Number (SSN) (e.g., 123-45-6789) and Division of Fire Safety (DFS) six digit Firefighter Identification Number (FFID) (e.g., 111111), if previously issued to you. The collection of the SSN is **mandatory**, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification. Provide your name, home address, telephone numbers, email, date of birth and gender.
- 2 You must meet the certification requirements as adopted by Rule found at N.J.S.A. 5:73.
- 3. Required Documentation: birth certificate or driver's license; course completion certificates, NJ State exam pass notice or certificates, and any other documentation required from the specific certification title. The individual application forms can be obtained by accessing the Division of Fire Safety web page and scroll down to Training and Education Unit section at: http://www.nj.gov/dca/divisions/dfs/forms. Descriptive statements are contained on each form.
- Please note that ProBoard and/or IFSAC accreditation will not be issued unless required documentation has been received and validated.
- 5. Application Fee: No fee is required to process ProBoard and IFSAC accreditation.
- 6. The application form must be signed and dated. Forward the application form and supportive documentation to:

Attn: ProBoard & IFSAC Accreditation Office of Training and Certification Division of Fire Safety P.O. Box 809 Trenton, NJ 08625-0809

CONTACT INFORMATION

Questions about ProBoard/IFSAC accreditation should be directed to the staff of the Office of Training and Certification at **(609) 777-3552** from 8:30 a.m. to 4:00 p.m., Monday through Friday.