

APPLICATION for 1031 and 1033 Out-of-province CERTIFICATE RECOGNITION

PERSONAL INFORMATION Please print clearly and DO NOT use initials.			
Surname	First Name	Middle Name	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Address			
Town / City	Province	Postal Code	Birthdate (mm/dd/yyyy)
Email		Contact Number (with area code)	

LEVEL TO BE RECOGNIZED Select the level for which you are applying for recognition.		
<input type="checkbox"/> 1031 Inspector Level I	<input type="checkbox"/> 1031 Inspector Level II	<input type="checkbox"/> 1033 Investigator

COURSES COMPLETED Please indicate the courses you have completed.		
Inspector Levels I & II and Investigator must take: <input type="checkbox"/> Alberta Codes and Standards	Inspector Levels I & II and Investigator must take: <input type="checkbox"/> Law for Fire Safety Codes Officers	Inspector Level II and Investigator must take: <input type="checkbox"/> Courtroom and Legal Procedures for Fire Safety Codes Officers

PLEASE ATTACH
<p>Transcripts for the above courses and copies of your Pro Board and IFSAC certificates for NFPA 1031 and/or 1033. Make sure that the seal number is clearly visible.</p>

PAYMENT INFORMATION		
\$30 per level. Please choose one of the following:		
<input type="checkbox"/> CHEQUE	Payable to Government of Alberta . Please include payment with the application.	
<input type="checkbox"/> MONEY ORDER	Payable to Government of Alberta . Please include payment with the application.	
<input type="checkbox"/> CREDIT CARD	We will send you a link to a secure TD Payment Page to complete your payment.	
Please provide your email: _____ (Please print clearly.)		
<input type="checkbox"/> INVOICE (Host Department Only)		
Contact Name	Department / Company	Purchase Order No.
Total \$	Contact Number (with area code)	
Address		
Town / City	Province / Territory	Postal Code

DECLARATION

I confirm that all information on this form is accurate and complete in all respects. I shall comply with all rules and regulations of the Office of the Fire Commissioner.

SIGNATURE

DATE

OFC USE ONLY:

REVIEWED BY:

APPROVED BY:

DATE:

DATE:

EMAIL, MAIL, OR FAX APPLICATION TO:

Office of the Fire Commissioner

16th floor, Commerce Place

10155-102 Street

Edmonton, AB T5J 4L4

Fax: 780-644-5390

Email: ofc.certificationexam@gov.ab.ca

QUESTIONS?

Email: ofc.certificationexam@gov.ab.ca

Website: www.ofc.alberta.ca

This collection of personal information is necessary to support the certification and accreditation programs of the Office of the Fire Commissioner. The collection is authorized under Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be managed in accordance with the privacy provisions in the Act. If you have questions regarding the collection of your personal information, please send your inquiry to the Office of the Fire Commissioner, 16th Floor, Commerce Place, 10155 – 102nd Street, Edmonton, AB, T5J 4L4 or email ofc.certificationexam@gov.ab.ca.