

THIS APPLICATION IS TO BE TYPED OR PRINTED LEGIBLY IN INK

COMMERCE AND INSURANCE
TENNESSEE COMMISSION ON FIRE FIGHTING
500 James Robertson Parkway, Suite 630
Nashville, TN 37243 – 615-741-6780



APPLICATION FOR WRITTEN EXAMINATION

(a separate application must be completed for each level of certification test requested)

NAME OF DEPARTMENT _____

RETEST? _____
Title of Examination _____ YES or NO

NOTE: Exam test dates can be found at www.calendar.yahoo.com/ffctestdates

DATE OF EXAM _____ TIME _____ LOCATION _____

NAME _____
FIRST MI LAST

ADDRESS _____
STREET CITY ST ZIP

TN DR LIC _____ D.O.B. ____/____/____ SOC. SEC. # _____ - _____ - _____
(if out of state, please put "out of state")

Date Entered Fire Serv. ____/____/____ Date Joined ____/____/____ PHONE # ____ (____) ____ - ____
(BE SPECIFIC) MO / DAY / YR Present Dept. MO / DAY / YR

If you have served in more than one department, list name(s) of department(s) and exact dates of service in each:

The following data is for statistical information only and may be entered on a voluntary basis:

Sex: ____ M ____ F Race: ____ WH ____ BL ____ HISP ____ ASIAN ____ AM. IND. ____ OTHER ____

Fire Fighter I, Fire Fighter II, Fire Officer I, Fire Officer II: Date of Domestic Violence Training ____/____/____

Sponsoring Agency or Place of Domestic Violence Training _____

Please continue to page 2 for practical information.

The following practical information must be completed. The application will be returned to the fire department if all of the required information is not provided.

I CERTIFY TO THE COMMISSION THAT I HAVE COMPLETED THE PRACTICAL AS INDICATED BELOW.

******* All supporting documentation requested below must be attached for all examinations including retests! *******

HMA no additional documentation required

HMO: Hands-on Practical Date ____/____/____

FF1: Hands-on Practical Date ____/____/____ Live Fire Practical Date ____/____/____ **OR** Live Fire Verification Sheet (copy attached)
CPR card must be attached.

Proof of completion of NIMS IS-700 and NIMS ICS-100 must be attached.

Proof of completion of 16 hours initial training, basic training, and live burn through TFACA or Commission approved training must be attached.

FFII: Hands-on Practical Date ____/____/____ Live Fire Practical Date ____/____/____ **OR** Live Fire Verification Sheet (copy attached)
CPR card must be attached.

Proof of completion of NIMS IS-700 and NIMS ICS-100 must be attached.

Local Verification Form for Fire Fighter II must be attached

Instructor I: Fire Department Instructor-I Checklist (**copy must be attached**)

Instructor II: Date of Commission approval of Lesson Plan meeting requirements of NFPA 1041 ____/____/____

Officer I: Date of Commission administered practical ____/____/____

Proof of NIMS IS-700, NIMS ICS-100, & NIMS ICS-200 must be attached

Local Verification Form for Fire Officer I must be attached

Officer II: Date of successful completion Fire Officer-II Practical ____/____/____

Proof of NIMS IS-700, NIMS ICS-100, & NIMS ICS-200 must be attached.

Officer III: Date of successful completion Fire Officer-III Practical ____/____/____

Proof of NIMS IS-700, NIMS ICS-100, NIMS ICS-200, NIMS ICS-300, NIMS ICS-400 must be attached.

Officer IV: Date of successful completion Fire Officer-IV Practical ____/____/____

Proof of NIMS IS-700, NIMS ICS-100, NIMS ICS-200, NIMS ICS-300, NIMS ICS-400 must be attached

Fire Apparatus Operator: In-House Practical Sign-off Sheet must be attached

Pumper Driver/Operator: In-House Practical Sign-off Sheet must be attached

Aerial Apparatus Driver/Operator: In-House Practical Sign-off Sheet must be attached

Airport Fire Fighter: In-House Practical Sign-off Sheet must be attached

Safety Officer: Date of Commission administered practical ____/____/____

Fire Safety Compliance Officer I: Dates participated in eight (8) Fire Safety Inspections with certified inspector ____
or Date Certified in accordance with T.C.A. 68-120-113 ____/____/____

Fire Safety Compliance Officer II: Dates successfully conducted eight (8) Fire Safety Inspections under supervision of certified inspector ____
or Date Certified in accordance with T.C.A. 68-120-113 ____/____/____

Fire and Life Safety Educator I: Date of successful completion of Fire and Life Safety Educator I workbook: ____/____/____

Fire and Life Safety Educator II: Date of successful completion of Fire and Life Safety Educator II workbook: ____/____/____

Wildland Fire Fighter I: Proof of completion of Tennessee Division of Forestry "Task Book for the Position of Firefighter Type 2" must be attached
or In-House Practical Sign-off Sheet must be attached

Wildland Fire Fighter II: Proof of completion of Tennessee Division of Forestry "Task Book for the Position of Advanced Firefighter/Squad Boss" must be attached
or In-House Practical Sign-off Sheet must be attached

Vehicle and Machine Rescue: Hands-on Practical date ____/____/____

Proof of completion of Commission approved training course must be attached

Please continue to Page 3 for the required signatures.

ALL SIGNATURES MUST BE ORIGINAL. NO PHOTOCOPIES OR SIGNATURE STAMPS. By signing below, all parties certify to the Commission that the applicant has received sufficient training according to the appropriate NFPA Standard, as currently adopted by the Commission, for the level to which the applicant is applying. THE PERFORMANCE EVALUATION IS SUBJECT TO AUDIT BY THE COMMISSION.

I certify that the statements made in this application are a true and accurate description of my fire service training and experience, qualifying me for this level of certification.

DateApplicant's Signature (DO NOT TYPE)

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TRAINING OFFICER: PLEASE VERIFY THAT APPLICATION IS COMPLETE. Incomplete applications will be returned which could result in a delay in the examination. Applications must be received in the Commission Office at least 2 weeks prior to test date.

It is my complete understanding that any false information being provided in this application may result in the revocation of departmental accreditation in the State Certification Program.

DateTraining Officer's Signature (DO NOT TYPE)

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NOTICE: The Tennessee Commission on Fire Fighting Personnel Standards and Education requires the applicant to bring a government issued ID in order to be admitted to any examination.

RECOMMENDATION OF TRAINING COMMITTEE

We, the members of the Training Committee, established by the Fire Department named on this application and appointed by the Chief of the Department, do hereby affirm to the Tennessee Commission on Fire Fighting Personnel Standards and Education that we, as a committee, have reviewed this application and determined it to be accurate and correct and in full compliance with all requirements for the level of certification sought in this application.

This recommendation is made by majority vote of the Training Committee members. The roll call votes was recorded as follows:

(NOTE: SIGNATURES OF COMMITTEE MEMBERS MUST BE IN OWN HANDWRITING)

	AYE	NO	ABSTAIN
CHAIRMAN (DO NOT TYPE)			
VICE CHAIRMAN (DO NOT TYPE)			
SECRETARY (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			
MEMBER (DO NOT TYPE)			