Emergency Services Training
CERTIFICATION EXAM REQUEST

Complete all information on this form and return to Emergency Services Training at least **thirty (30) days** prior to the requested examination date.

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 EST for other available options.

Department, Location, and Exam Information

_____
Department name

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

➤ Number of candidates testing: _____

➤ Publisher and version of training text used: _____

- ☐ Haz Mat Operations
- ☐ Driver/Operator-Pumper
- ☐ Fire Fighter I
- ☐ Fire Fighter II
- ☐ Live Fire

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 or Training Official Signature
_____ Chief or Training Official Name (typed or printed)
_____ Date

Written Test Facility Verification

I verify that the facilities used during this testing event ensures the health and safety of the participants and meets or exceeds the applicable NFPA safety and health standards or their equivalent.

_____ Chief Signature
_____ Chief Name (typed or printed)
_____ Date

_____ Department Mailing Address
_____ City
_____ State
_____ Zip

Manipulative Skills Test Facility Verification

I verify that the facilities and equipment used during this skill 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 their equivalent.

_____ Chief Signature
_____ Chief Name (typed or printed)
_____ Date

_____ Department Mailing Address
_____ City
_____ State
_____ Zip

➤Up to three (3) attempts for the written exam will be provided within one (1) year of the initial written exam date.
➤This form must be completed, signed, and returned at least **thirty (30) days** prior to the requested exam date to:

Emergency Services Training
PO Box 83720
Boise, ID 83720-0095

Revised 3/2009
F:\WORKGRP\EST\Documents\Certification\Forms\Exam Requests\Certification Exam Request - Revised 3-18-09.doc