Emergency Services Training
Fire Fighter
Recertification Application

Name: _____ SSN: _____
(Last) (First) (MI)

Home Address: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Fire Department Affiliation: _____

Fire Department Address: _____

City, State, Zip: _____

Date Last Certified: _____

Recertification Level Requested:

- ❑ **Fire Fighter I** **IFSAC Certification #**_____
- ❑ **Fire Fighter II** **IFSAC Certification #**_____
- ❑ **Driver/Operator-Pumper** **IFSAC Certification #**_____
- ❑ **Haz Mat Operations** **IFSAC Certification #**_____

✱ Requirements for Recertification

Completion of 108 hours of appropriate class and manipulative skills training within a three (3) year certification period. At least half of the 108 hours (54 hours) must address the competencies of the highest level of certification.

I certify that the records of this jurisdiction substantiate the statements made and that training documentation is maintained by this department.

Signature of Chief or Training Officer: _____ Date: _____

I affirm that I meet the requirements for recertification. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certification. I grant Emergency Services Training or its authorized representatives permission to review my department files, college/academic records, and other related training documentation.

Signature of Applicant: _____ Date: _____