

Utah Fire Service Certification Council Certification Tester Application

Note: Please complete ALL information listed below – please print.

Applicant Information

Name: _____ Birthdate: _____
mm/dd/yyyy

Primary Department: _____

Secondary Department (If applicable): _____

Mailing Address / Contact Numbers

Home Address: _____
Street

City State Zip

Work # Home # Cell #

“Active” Certification Levels

Minimum certification levels required: Firefighter I and Fire Instructor I

_____	Level	_____	Level
_____	Level	_____	Level
_____	Level	_____	Level
_____	Level	_____	Level

Certification Office Use Only:

Levels verified and approved: _____
Certification Tester Number Issued: _____

Send applications to:

Utah Fire Service Certification Council
Attn: Certification Office
3131 Mike Jense Parkway
Provo UT 84601
Fax: 1-801-863-7738