

Utah Fire Service Certification Council

~EXAMINATION REQUEST AND/OR CERTIFICATION - RE-CERTIFICATION REQUEST~

Department/Agency Name: _____

EXAMINATION REQUEST (Place an "X" in the boxes that apply)

Please complete all information on **BOTH** sides of this form and return it to the certification office at least **30 days** prior to the requested examination date. A separate request **MUST** be made for each level of certification exam desired and for each exam date

<input type="checkbox"/> WRITTEN	<input type="checkbox"/> 1 ST ATTEMPT	<input type="checkbox"/> 2 ND ATTEMPT	<input type="checkbox"/> 3 RD ATTEMPT	
				/
		Exam Date	Exam Time	
<input type="checkbox"/> MANIPULATIVE	<input type="checkbox"/> 1 ST ATTEMPT	<input type="checkbox"/> 2 ND ATTEMPT	<input type="checkbox"/> 3 RD ATTEMPT	
				/
		Exam Date	Exam Time	

Number of persons taking **WRITTEN** Exam _____

Number of persons taking **MANIPULATIVE** Exam _____

Examination requested to be conducted at: _____

Street Address: _____ City _____ Zip _____

Certification Exam requested (Level): _____

By signing below, we acknowledge that training records exist to support that each individual who will attend the exam has received a learning experience in each subject area required for testing and has met all other requirements for the level being examined for as specified in the Certification Policy and Procedures.
Department/Agency requesting the above exam will have appropriate space and safe accommodations and equipment for all written and manipulative skills.

Chief or Administrator Signature _____

Training Officer Signature _____

Chief or Administrator Name (typed or printed) _____

Training Officer Name (typed or printed) _____

Department/Agency Mailing Address _____

Daytime Telephone # _____

City _____

State _____

Zip _____

Evening Telephone # _____

CERTIFICATION / RE-CERTIFICATION REQUEST

CERTIFICATION RE-CERTIFICATION (Place an "X" in the boxes that apply)

The following department or agency requests the Utah Fire Service Certification Council certify/re-certify the individuals listed on the reverse side of this form.

Department/Agency Name: _____

By signing below, I attest that the individuals listed on the reverse side of this form have completed all requirements for certification as defined in the UFSCC Policies and Procedures manual. Please note: UFSCC P & P 19.6 - Participating agencies may renew certification of its members by stating that said certified participant has participated in at least thirty-six (36) hours of structured class and manipulative training per year, or a total of one hundred eight (108) hours of training in the previous certification period. P & P 19.7 - Records shall be maintained by the participating agency to verify that recertification requirements have been met.

Chief or Administrator Signature _____

Daytime Telephone # _____

Evening Telephone # _____

Chief or Administrator Name (typed or printed) _____

Department/Agency Mailing Address _____

City _____

State _____

Zip _____

EXAMINATION AND CERTIFICATION FEES

Fees are billed when certification is requested. (Examination fee \$20 + Certification fee \$20) (Re-certification fee \$5.00)
(Per applicant - per level requested) (per applicant)

Department Agency Name: _____ Date: _____

For Testing: Please list names of participants who will be taking the examination.

For Certification/Re-certification: Please fill out all information below. List names as they should appear on each applicant's card and/or certificate. If this is for recertification, print "RECERT" on the level requested line.

Applicant Name	Social Security # (last four digits)	Date of Birth (mm/dd/yyyy)	Level Requested
1 _____	____ - ____ - ____	____ / ____ / ____	_____
2 _____	____ - ____ - ____	____ / ____ / ____	_____
3 _____	____ - ____ - ____	____ / ____ / ____	_____
4 _____	____ - ____ - ____	____ / ____ / ____	_____
5 _____	____ - ____ - ____	____ / ____ / ____	_____
6 _____	____ - ____ - ____	____ / ____ / ____	_____
7 _____	____ - ____ - ____	____ / ____ / ____	_____
8 _____	____ - ____ - ____	____ / ____ / ____	_____
9 _____	____ - ____ - ____	____ / ____ / ____	_____
10 _____	____ - ____ - ____	____ / ____ / ____	_____
11 _____	____ - ____ - ____	____ / ____ / ____	_____
12 _____	____ - ____ - ____	____ / ____ / ____	_____
13 _____	____ - ____ - ____	____ / ____ / ____	_____
14 _____	____ - ____ - ____	____ / ____ / ____	_____
15 _____	____ - ____ - ____	____ / ____ / ____	_____
16 _____	____ - ____ - ____	____ / ____ / ____	_____
17 _____	____ - ____ - ____	____ / ____ / ____	_____
18 _____	____ - ____ - ____	____ / ____ / ____	_____

Fax completed form to 801-374-0681 or mail to
Utah Fire Service Certification Council
C/O Utah Fire and Rescue Academy
3131 Mike Jense Parkway Provo UT 84601