NEW CERTIFICATION PROGRAM
APPLICATION & TEST REQUEST FORM

Office of the Arizona State Fire Marshal

PLEASE PRINT OR TYPE

PROGRAM: ☐ Fire Fighter I & II ☐ Instructor I ☐ Instructor II ☐ Inspector I ☐ Driver/Operator ☐Other: _____			**DATE SUBMITTED:**
PROGRAM TITLE:			
PROGRAM SPONSOR:			
# OF STUDENTS:	**PROGRAM START DATE:**	**END DATE:**	
PROGRAM MAILING ADDRESS:			
CITY:	**STATE:**	**ZIP:**	
PHONE:	**FAX:**		
REQUESTED DATE FOR WRITTEN EXAM:	**EXAM START TIME:** (FFI&II Requires 2.5 hours)		
REQUESTED DATE FOR PRACTICAL EXAM: (FFI&II only)	**EXAM START TIME:**		
TEST LOCATION (Facility name)**:**			
STREET ADDRESS:			
CITY:	**STATE:**	**ZIP:**	
PROGRAM COORDINATOR: *(if different than the Instructor/Evaluator)*			
INSTRUCTOR/EVALUATOR:	**EMAIL ADDRESS: (REQUIRED)**		
INSTRUCTOR/EVALUATOR EIN #: *(required for verification of certification)*	**PHONE:**	**CELL:**	
TESTING REPRESENTATIVE: *(to be present during certification testing)*	**PHONE:**	**CELL:**	
The Program Instructor/Evaluator acknowledges that the following documents are complete and attached to this application: *(initial next to each item attached)*	(1) Course syllabus _____ (2) Program Facilities Verification Form _____		

OFFICE USE ONLY

REVIEWED/ APPROVED BY:	**DATE APPROVED:**
CONFIRMED DATE FOR WRITTEN EXAM:	**START TIME:**
WRITTEN PROCTOR	
CONFIRMED DATE FOR PRACICAL EXAM:	**START TIME:** (proctor should arrive early for briefing)
PRACTICAL PROCTOR	
OSFM PROGRAM #:	**ENTERED:** ☐ STARS ☐ Tracking Worksheet

Revised Jan 3, 2008