State Fire Marshal Training Division Fire-Officer I Application for Candidacy

(NOTE: Please type all pertinent data in the form below before printing)

Test Date(s)		Test Location(s)			TestTime(s)
,a member of the					
(First, Middle Initial, Last Name) Wish to formally submit an application to become a candidate for Fire Officer I certification per the policy and procedures of the State Fire Marshal Training Division. I understand the sequence for testing, which includes Practical or Performance Skills Examinations and a Written Examination. I also understand that all PSE tests must be successfully completed before I qualify for the Written Examination, and my name must appear on a qualifications list before I will be permitted to enter any certification test site.					
Applicant Signature				Date	of Birth
Applicant Mailing Address:				Stud	dent ID#
Home Phone#			Cell F	Cell Phone #	
RETURNTHIS FORMTO: State: Fire Marshal Training Division 3347 West Capital Ave Grand Island, NE 68801 Attn: Melissa					
For SFMTD Office Use Only					
Application Deadline:				Payment Description Option	
Course Wor	k Verified				Candidate Paid: Billed Dept:
Approval Date					SEM= Score:
Disappro	val Date				Test#:
Exam Taken			PSE	WE	NPQS#:
Nebraska Certification #					IFSAC#:
Print Form					