## State Fire Marshal Training Division Instructor I Application for Candidacy

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

printing)

Test Date(s)	Test Location(s)	Test Ti	me(s)				
	,a member of the						
(First, Middle Initial, Last Name) (Organization, if applicable) Wish to formally submit an application to become a candidate for Instructor 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:		Student ID#					
Home Phone#		Cell Phone #					
RETURN THIS FORM TO	<b>D:</b> 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 Work Verified				Candidate Paid:		
				Billed Dept:		
Approval Date				SEM=	Score:	
Disapproval Date				Test#:		
Exam Taken	IFA-PSE	PSE	WE	NPQS#:		
Nebraska Certification #				IFSAC#:		
Drint Form						

Print Form