

State Fire Marshal Training Division Application for Certification Testing

	, a member of the	
(First, Middle Initial, Last Name)		(Organization)

I hereby formally submit an application to become a candidate for the certification level(s) indicated below per the policy and procedures of the State Fire Marshal Training Division. I understand the sequence for testing and I also understand that all PSE tests must be successfully completed before I qualify for the Written Examination, and my name must appear on an eligibility list before I will be permitted to enter any certification test site.

Applicant Signature	Date of Birth
Applicant Mailing Address including city, state, and zip:	Home/Cell #
	Email

Levels	Applying for now: Check all that apply	Cost	*Indicate type of payment CH, MO, OP or INV	Indicate the details of your payment CH #, MO# OP# or **Which department to INV	Date of IFA(FFI)/Practical Skills Exam	Date of Written Exam	Location of Test
Hazmat Operations		\$50					
Fire Fighter I (1: see below)		\$50					
Fire Fighter II		\$50					
Instructor I		\$50					
Hazmat Technician		\$50					
Fire Officer I		\$50					
Fire Officer II		\$50					
Total Due		\$					

*CH=Check MO=Money order OP=Online Payment INV=Invoice

Please indicate the type of payment as well as the number of the check, money order, or receipt for online payment.

****If you are having us invoice a department, you must get the appropriate signature needed to authorize invoicing.**

MAIL THIS FORM TO: Corina Kuta State Fire Marshal Training Div., 3347 W Capital, Grand Island, NE 68803 OR you can email the form if you paid online or are having a department pay. Email: corina.kuta@nebraska.gov

By signing, the fire chief, administrator, or designate has verified that the following requirements have been met and that fire department records exist to support that the individual applying for certification shall/will have:

1) The pre-requisite first aid training required for Fire Fighter I training and subsequent certification.

2) Facilities (if hosting) and equipment/apparatus/supplies used for training/certification that meet or did meet at the time of purchase/construction/ or implementation, any applicable federal, state, or local laws, standards, regulations, statutes, or ordinances. Signing also validates that you acknowledge that SFMTD reserves the right to inspect and validate any such utilized items for testing.

X _____
Signature of Chief, administrator, or designate

X _____
Printed name

X _____
Title

X _____
Date

Also, please indicate the department's payment choice.

STUDENT SELF PAY INVOICE DEPARTMENT

X _____
Authorized Signature for invoicing

Department billing address:

For SFMTD Office Use Only

Application Deadline:	1st Attempt	2nd Attempt	3rd Attempt	Candidate Paid:
Course Work Verified:	IFA-PSE	PSE	WE	Billed Dept:
Test Location/Name:	NE Cert #:	IFSAC Cert #:	NPQS C	Score: