

**FIREFIGHTER I APPLICATION**  
**PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM**  
**NFPA 1001-2013 Edition**



**SECTION I**

Last Name	First Name	M.I.	Suffix	SSN# (last 4 digits required)
Mailing Address	City	State	Zip Code	County
Date of Birth	Home Phone	Alternate Phone	Email Address	
Affiliation (Fire Dept./Organization)	City/State		County	

**Please Read and Check One:**

- I have read (or have had explained to me) and understand the job performance requirements for the Firefighter I certification test. I have no conditions which would preclude me from safely or effectively performing all the functions (practical skills and written test) and tasks for the level for which I am seeking national certification.
- I have read (or have been explained to me) and understand the job performance requirements for the Firefighter I certification test. I will be submitting a request for accommodation for the written National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the scheduled certification exam.

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Pennsylvania Crimes Code *18 Pa C.S. 4904* and Act 168 of 2006 amended Title 18 [Crimes and Offenses] of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1). The Office of the State Fire Commissioner/Pennsylvania State Fire Academy only collects these numbers for tracking, processing of certifications and verification. Information is only shared where required to do so for and is not sold, bartered, rented or otherwise distributed.

**By signing and dating of this document I certify that the information contained in this application and any attachments is accurate and complete to the best of my knowledge and submitted as true and correct in accordance with the OSFC/PSFA certification testing policy and in accordance with Pennsylvania Crimes Code *18 Pa C.S. 4904*, relating to unsworn falsifications to authorities.**

[Click Here to View Candidate Handbook](#)

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

Test Site Official Use Only: Test Site: _____ Test Site Number: _____
Date Application Received at Test Site _____ Date Application Approved: _____
Candidate Number: _____ Written Exam Results ___ PASS ___ FAIL Skills Exam Results ___ PASS ___ FAIL

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**SECTION II**

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

***“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”***

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

2. By dating and signing of the following statement by the person swearing to the following:

***“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”***

\_\_\_\_\_  
**Signature of Certification Candidate**

\_\_\_\_\_  
**Name of Certification Candidate (please print or type)**

\_\_\_\_\_  
**Date**

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**SECTION III - Please Read and Complete all information:**

A candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Firefighters and information for Fire Department Physicians prior to physical testing to ensure his/her ability to safely perform the required tasks.

During your participation in certification testing, in the event of injury/illness are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation in? YES\_\_\_ NO\_\_\_ Please sign waiver below.

**Liability Waiver**

I, the undersigned, have hospitalization insurance and do hereby release the following individuals and organizations from any and all liabilities or causes of action for any injuries or illness incurred during or after my participation in the Voluntary Certification Program Test sponsored by the Office of the State Fire Commissioner/Pennsylvania State Fire Academy, Pennsylvania Emergency Management Agency and hosted by the

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(Name of Test Site)

The release covers all the aforementioned individuals and agencies as well as their agents, employees, or volunteers participating in this event.

This release covers all injuries or illnesses occurring during or as a result of the activities engaged in by the undersigned during the Voluntary Certification examination including any injuries which might result from physical abuse from third party participants or other individuals in or around the area where the examination is being conducted.

This release is intended to release all injuries, damages, or law suits to the undersigned person and property, whether known, unknown, foreseen, unforeseen, patent or latent which the undersigned may have against the Office of the State Fire Commissioner, the Pennsylvania Emergency Management Agency, the Host Entity, or its agents as listed above. The undersigned understands and acknowledges the significance and consequence of such specific intentions to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that may occur from the above mentioned event.

**By signing and dating of this document I HEREBY acknowledge THAT I HAVE READ THE CONTENTS OF THIS waiver, and THAT I FULLY UNDERSTAND THE SAID CONTENTS OF THE RELEASE, AND THAT I HAVE SIGNED INTENDING TO BE LEGALLY BOUND.**

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Candidate Name (Print or Type)

Signature of Candidate

Date

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**SECTION IV**

It is understood that the candidate registered on this form has done so with the full knowledge, consent and approval of the named organization on page one of this application; and is protected by an insurance carrier or the organization. Furthermore, I attest that the candidate meet the requirements as noted in **Section III** of this application. Participation approved by:

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Chief Officer Name (Print or Type)	Daytime Phone	Email
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Signature of Chief Officer	Title	Date
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**SECTION V**

**REQUIREMENT: NFPA 1001 – 2013 Chapter 5, section 5.1 General:**

Candidates **MUST** be trained or certified (as a minimum requirement) at the First Responder Operations Level in accordance with NFPA 472 "Standard for Professional Competency of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents", Chapter 5 (Core Competencies for Operations Level Responders) and Chapter 6, section 6.6 (Mission specific Competencies: Product Control).

Attach a copy of one of the following recognized certificates (Delmar or Jones & Bartlett curriculums).

\_\_\_\_\_ HAZARDOUS MATERIALS OPERATIONS LEVEL **OR**

\_\_\_\_\_ HAZARDOUS MATERIALS OPERATIONS LEVEL ANNUAL REFRESHER

**NOTE:** The certificate (training, refresher training or certification) must be current (i.e., within one (1) year of the firefighter certification test date and must meet the requirements of NFPA 472-2013 edition).

**REQUIREMENT: Chapter 5-3 NFPA # 1001-2013 edition: Job Performance Requirement (JPR) 5.1, 5-3.10 (Interior Structural Fire Attack)**

In order to be certified as a Fire Fighter I, a candidate **must** have demonstrated his/her ability to attack and extinguish an interior structural fire operating as a member of a team. Candidates must attach a certificate showing successful completion of entry level fire training (see examples below) or any formal career fire academy certificate and live fire training. Formal courses not listed shall be approved by PSFA Certification Staff.

- Interior Firefighting (ELIF) from the PSFA Entry Level curriculum; that must include LIVE fire training.
- PA State Fire Academy Local Level *Structural Burn Session (SBS)*
- PA State Fire Academy Resident Course *Engine Company Operations at Residential Fires (ZSFB)*
- Pennsylvania Department of Corrections *Fire Emergency Response Team Training*

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**REQUIREMENT: Chapter 4 Section 4.3 NFPA # 1001-2013 Ed. EMERGENCY MEDICAL CARE**

The following is a listing of approved training courses which meet the requirements of this section. Each candidate must show as a minimum an approved CPR card/certificate **and** an approved Emergency Medical Training card/certificate.

Please assure the following:

- Check the EMS certification/medical training AND CPR training you possess;
- Indicate issue and expiration dates (Exp. Date) in the boxes provided;
- ***Attach a copy of your certificate(s) or both side(s) of your SIGNED certification cards***

<b>APPROVED EMS CERTIFICATIONS/MEDICAL TRAINING COURSES</b>					
	AHA – Heartsaver First Aid	Issued:		Exp. Date	
	ARC – Emergency Responder	Issued:		Exp. Date	
	ARC – First Aid Responding to Emergencies	Issued:		Exp. Date	
	ASHI – Emergency Medical Response	Issued:		Exp. Date	
	ASHI - First Responder	Issued:		Exp. Date	
	NSC –Basic Life Support: Healthcare &Professional Rescuers	Issued:		Exp. Date	
	NSC – First Aid Taking Action – Advanced Training	Issued:		Exp. Date	
	AAOS – Standard First Aid	Issued:		Exp. Date	
	PA DOH – First Responder	Issued:		Exp. Date	
	PA DOH – EMT	Issued:		Exp. Date	
	PA DOH – EMT Paramedic	Issued:		Exp. Date	
	PA DOH – Healthcare Professional	Issued:		Exp. Date	

<b>APPROVED CPR COURSES</b>					
	AHA – Heartsaver CPR (Adult/Child/Infant)	Issued:		Exp. Date	
	AHA – BLS For Healthcare Professionals	Issued:		Exp. Date	
	ARC – CPR Professional Rescuer (Preferred)	Issued:		Exp. Date	
	ARC – CPR for the Professional Rescuer and Healthcare Provider	Issued:		Exp. Date	
	ARC – CPR/AED for the Healthcare Provider	Issued:		Exp. Date	
	ASHI – CPR Pro for Professional Rescuer	Issued:		Exp. Date	
	NSC – Basic Life Support Healthcare & Professional Rescuer	Issued:		Exp. Date	
	AAOS – Emergency Care & Safety Institute Health-Care Provider CPR	Issued:		Exp. Date	
	EMS Safety Services, Inc. – CPR & AED for Professional Rescuers	Issued:		Exp. Date	
	Pro Trainings, LLC – Pro CPR	Issued:		Exp. Date	
	Military Training Network Resuscitative Medicine & Training Program BLS for Healthcare Providers	Issued:		Exp. Date	

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**Pre-Requisite Verification Form**

Candidate Name: \_\_\_\_\_

My signature below indicates that I have read and understood the requirements of this program, Fire Fighter I, and furthermore I meet the pre-requisites established by the Standard or the Authority Having Jurisdiction.

\_\_\_\_\_ I am 18 years of age or older;

\_\_\_\_\_ I have signed the Act 168 form or have provided an official criminal history record check obtained pursuant to Chapter 91;

\_\_\_\_\_ I have signed the application;

\_\_\_\_\_ I have had a chief officer sign Section IV of this application;

\_\_\_\_\_ I have attached a copy of an approved certificates (Delmar or Jones & Bartlett curriculums) current Hazardous Materials Operations Course or Operations Refresher Training Certificate;

\_\_\_\_\_ I have attached a current, signed cards or certificates that fulfill the CPR and Medical Training Requirements;

\_\_\_\_\_ I have attached a copy of a certificate indicating completion of a course/program that fulfills JPR 5.1, 5.3.10 (Interior Structural Fire Attack);

\_\_\_\_\_ I have signed the liability wavier section of the application

**Testing Assistance**

\_\_\_\_\_ I am physically capable of completing the practical skill exercises.

\_\_\_\_\_ I am able to read and comprehend the written test and related materials.

\_\_\_\_\_ I **will** be submitting a request for accommodation for the National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the certification exam;

**OR**

\_\_\_\_\_ I **will not** be submitting a request for accommodation for National Certification exam.

\_\_\_\_\_  
Candidate Name (Print or Type)

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date