

**Fire Brigade Exterior Industrial Fire – Chapter 6**  
**PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM**



**SECTION I**

				<b>Last</b>	
<b>Name</b>	<b>First Name</b>	<b>M.I</b>	<b>Social Security Number</b>		
				<b>Street</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	
<b>Date of Birth (MMDDYYYY)</b>	<b>Home Phone</b>	<b>Alternate Phone</b>	<b>Email</b>		
<b>Affiliation (Fire Department/Organization)</b>					
<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	

**Section I: Please Read and Check One:**

- I have read (or have had explained to me) and understand the job performance requirements for the Fire Brigade Advanced Exterior Industrial 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 Fire Brigade Advanced Exterior Industrial 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, realing to unsworn falsifications to authorities.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**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

\_\_\_\_\_  
**(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.**

\_\_\_\_\_  
Candidate Name (Please Print)

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

\_\_\_\_\_  
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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<b>Signature of Chief Officer</b>	<b>Officer Title</b>	<b>Date</b>
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<b>Chief Officer Name (Print or Type)</b>	<b>Officer Title</b>
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**SECTION V**

**REQUIREMENT: 6.1.1 General**

Candidate must meet requirements of NFPA 1081, 2012 edition, Chapter 4 , Chapter 5, sections 5.1, 5.2, 5.3 and Chapter 6, sections 6.1, 6.2, 6.3. Candidates must be certified at the Incipient Level in accordance with NFPA 1081 "Standard for Industrial Fire Brigade Member Professional Qualifications", Chapter 5.

**FIRE BRIGADE INCIPIENT CERTIFICATION - NFPA 1081-, Chapter 5**

You must be certified at the Fire Brigade Incipient level. Provide your number and attach a copy of your Fire Brigade Incipient certificate.

**FIRE BRIGADE INCIPIENT CERTIFICATE NUMBER:** \_\_\_\_\_

**REQUIREMENT: 6.1.2.1, 6.1.2.2 NFPA 1081-2012 Edition Pre-Incident Plan**

Prepare a pre-incident plan to include mutual aid procedure and structure based on a geographical and/or response zone specific to the facility: (1) diagrams/sketches of the geographical and/or response zone - must be included; and (4) response assignments for brigade members. Attach all required materials to this application. Complete the pre-incident plan information beginning on the next page that is requested as part of this application.

\_\_\_\_\_ Diagrams and sketches complete and attached    Yes\_\_\_\_ No\_\_\_\_  
\_\_\_\_\_ Response assignments complete and attached    Yes\_\_\_\_ No\_\_\_\_

**REQUIREMENT: 4.3.11, 6.1.1, 6.1.2.2 NFPA 1081-2012 Edition General and Basic Advanced Exterior Industrial Fire Brigade Member**

Successful completion of an approved INCIDENT COMMAND COURSE: Please check one

- \_\_\_\_\_ National Fire Academy Incident Command System Course
- \_\_\_\_\_ NIMS ICS for Fire Service
- \_\_\_\_\_ NIMS ICS for EMS
- \_\_\_\_\_ NFA IS-100 and IS 200

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REQUIREMENT: Chapter 4 JPR 4.2 NFPA 1081 2012 Edition. 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/expiration dates in the boxes provided;
- **Attach a copy of your certificate(s) or both side(s) of your SIGNED certification cards**

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

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

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**REQUIREMENT: JPR's 6.1, 6.3 NFPA 1081 2012 edition General and Site Specific Requirements:**

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, Mission specific Competencies: PPE, Product Control.

Attach a copy of one of the following recognized certificates.

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

\_\_\_\_\_ HAZARDOUS MATERIALS OPERATIONS LEVEL ANNUAL REFRESHER, **OR**

\_\_\_\_\_ HAZARDOUS MATERIALS TECHNICIAN LEVEL

**REQUIREMENT: JPR's 4.3.5, 5.1, 5.2, 5.3, 6.1, 6.2, 6.3 NFPA 1081 2012 edition**

I hereby attest that \_\_\_\_\_, a candidate for Industrial Fire Brigade – Advanced Exterior level certification has met the entrance and educational requirements as established by the management of the industrial fire brigade and has, as a part of his/her duties with \_\_\_\_\_, has demonstrated the ability to competently and, where applicable, safely perform the following Job Performance Requirements (JPR's) from the 2007 edition of NFPA 1081, Industrial Fire Brigade Professional Qualifications.

\_\_\_\_\_  
Name of Chief Officer (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Officer Signature

\_\_\_\_\_  
Day Time Contact Number

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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 Brigade Advanced Exterior Industrial Certification test, 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 in the required items in Section IV of this application;
- \_\_\_\_\_ I have attached a copy of an approved Incident Command Course;
- \_\_\_\_\_ I have attached a copy of an approved current Hazardous Materials Operations Course or Refresher training course certificate;
- \_\_\_\_\_ I have attached a current, signed cards or certificates that fulfill the CPR and Medical Training Requirements;
- \_\_\_\_\_ I have attached a copy of Industrial Fire Brigade National Certification certificate;
- \_\_\_\_\_ I have attached my Pre-Incident Plan;
- \_\_\_\_\_ 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 Signature

\_\_\_\_\_  
Date