

**Fire Brigade Incipient Industrial Fire – Chapter 5**  
**PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM**



**SECTION I**

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Social Security Number</b>	
<b>Street 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 Incipient 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 Incipient 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, relating 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 V con't**

<b>APPROVED CPR COURSES</b>					
AHA – BLS for Healthcare Providers	_____	Issue Date:	_____	Expiration Date:	_____
Pro CPR LLC – Pro- CPR	_____	Issue Date:	_____	Expiration Date:	_____
ARC – CPR Professional Rescuer (Preferred)	_____	Issue Date:	_____	Expiration Date:	_____
ARC – CPR for the Professional Rescuer and Healthcare Provider	_____	Issue Date:	_____	Expiration Date:	_____
ARC – CPR/AED for the Healthcare Provider	_____	Issue Date:	_____	Expiration Date:	_____
ASHI – CPR Pro for Professional Rescuer	_____	Issue Date:	_____	Expiration Date:	_____
NSC – Basic Life Support Healthcare & Professional Rescuer	_____	Issue Date:	_____	Expiration Date:	_____
AAOS – Emergency Care & Safety Institute Health-Care Provider CPR	_____	Issue Date:	_____	Expiration Date:	_____

**REQUIREMENT: JPR's 4.3.11, 5.1.2 NFPA 1081 2012 edition**

Successful completion of an approved INCIDENT COMMAND COURSE: Please check one and attached a copy of certificate.

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

**REQUIREMENT: JPR 5.1.1 NFPA 1081 2012 edition.**

Candidates MUST be trained or certified (as a minimum requirement) at the First Responder Awareness Level in accordance with NFPA 472 "Standard for Professional Competency of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents", Chapter 4.

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

- \_\_\_\_\_ Hazardous Materials Awareness Level, **OR**
- \_\_\_\_\_ Hazardous Materials Awareness Level Annual Refresher, **OR**
- \_\_\_\_\_ Hazardous Materials Operations Level, **OR**
- \_\_\_\_\_ Hazardous Materials Operations Level Annual Refresher

**Training or Certification must be within one (1) year of the date of application. If certification is greater than one (1) year you must show proof of completion of a current refresher training course.**

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**REQUIREMENT: JPR's 4.3.4, 5.1.1, 5.1.2.5, 5.3 NFPA 1081 2012 edition**

I hereby attest that \_\_\_\_\_, a candidate for Industrial Fire Brigade – Incipient 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 Job Performance Requirements (JPR's) from the 2012 edition of NFPA 1081, Industrial Fire Brigade Professional Qualifications.

**Please attached a copy of Industrial Fire Brigade Incipient Level training certificate.**

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Name of Chief Officer (please print) Title Date

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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 Incipient 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 Awareness (Refresher) Course, or Operations (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 a certificate indicating completion of an approved Industrial FB Incipient course/program;
- \_\_\_\_\_ 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