

FIREFIGHTER II APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1001 – 2013 Edition



SECTION I

First Name	M.I.	Last Name	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 II 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 II 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 Candidate

Date

[Click Here to View Candidate Handbook](#)

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
--

FIREFIGHTER II APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1001 – 2013 Edition



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

FIREFIGHTER II APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1001 – 2013 Edition



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 (Print or Type)

Signature of Candidate

Date

FIREFIGHTER II APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1001 – 2013 Edition



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:

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

SECTION V

PLEASE ATTACH A COPY OF CERTIFICATE FOR ALL BELOW REQUIREMENTS

REQUIREMENT: Successful completion of Incident Command System Course: Please check one
____ National Fire Academy, Incident Command System Course
____ NIMS ICS for the Fire Service, OR
____ Incident Command System and Resource Management for the Fire Service
____ NIMS ICS for EMS
____ NFA IS-100 AND IS-200 (Independent Study or Facilitated Courses)

REQUIREMENT: FIRE FIGHTER I CERTIFICATION – NFPA 1001-2013, Chapter 6, JPR 6 .1.1. You must be certified at the Fire Fighter I level. Provide your number and attach a copy of your Fire Fighter I certificate.

FIRE FIGHTER I CERTIFICATE NUMBER: _____

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).

FIREFIGHTER II APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1001 – 2013 Edition



REQUIREMENT: RESCUE OPERATIONS - NFPA 1001 – 2013 edition, Chapter 6.4. JPRs 6.4.1 and 6.4.2:
Attach a copy of a course completion certificate for any one of the following courses.

- _____ Pennsylvania Joint Rescue Program – Operational Level OR
- _____ Pennsylvania Joint Rescue Program – Technician Certification OR
- _____ National Certification (ProBoard or IFSAC) NFPA 1006, Vehicle/Machinery or Vehicle Tech Level I

REQUIREMENT: FIRE DEPARTMENT COMMUNICATIONS – NFPA # 1001-2013 Ed., Chapter 6.2; JPR 6.2.1

Refer to Guide 1 in the candidate handbook to complete this requirement. A candidate may submit his/her fire department's incident ("run") report, however it must be equivalent to the information contained in Guide 1 in the [candidate handbook](#). Please note incident report must be completed by the candidate.

- _____ Incident Report Form complete and attached
- _____ Incident Report shall include proof of completion by the candidate

REQUIREMENT: FIRE PREVENTION, PREPAREDNESS, and MAINTENANCE - NFPA 1001 – 2013 Ed, Chapter 6.5: JPR 6.5.1, 6.5.3 Please refer to [candidate handbook](#) Guide 2 for more information.

1. **RESIDENTIAL -** Refer to candidate handbook for more information.
 - a. Conduct a fire safety plan of a Private Dwelling
 - b. Procedure to call the fire department in your community

AND

2. **COMMERCIAL –** Refer to candidate handbook for more information.
 - a. Complete a fire safety inspection form on a Commercial Building in your area.
 - b. Conduct a pre-incident plan on a Commercial Building in your area.
 - c. Incident Response Assignments

NOTE: A computer generated, existing maps, architectural floor plans, site plans and/or Graphic Information System (GIS) mapping programs will be accepted; however required plan details MUST be hand drawn on the plan. Refer to [candidate handbook](#) for more information.

I hereby attest that the candidate noted on this application for Firefighter II has authored the required Residential and Commercial drawings.

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

FIREFIGHTER II APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1001 – 2013 Edition



Pre-Requisite Verification Form

Candidate Name: _____

My signature below indicates that I have read and understood the requirements of this program, Fire Fighter II, 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 my Firefighter I certification certificate;
- _____ 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 signed the liability wavier section of the application
- _____ I have attached a copy of an approved Rescue Course Certificate;
- _____ I have attached a copy of approved Incident Command Course certificate(s);
- _____ I have attached a copy of completed Safety Inspection form;
- _____ I have attached a copy of completed Residential Floor Plan
- _____ I have attached a copy of completed Commercial Floor Plan;
- _____ I have attached a copy of completed Plot Plan and Response Assignments

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