



Department of Emergency Services and Public Protection
Commission on Fire Prevention and Control

**RESCUE TECHNICIAN – VEHICLE I
EXAMINATION APPLICATION FOR CONNECTICUT CERTIFICATION**

NOTE: Application for examination is due at least ten (10) days prior to the scheduled examination. Late applications will not be accepted or processed.

Please **PRINT** all information legibly as it will appear on your permanent records. Both the instructor and candidate must complete this entire application prior to submission.

APPLICANT DATA

Last name		First name		MI
Home Street Address				
Town			State	Zip Code
Telephone Home ()		Work ()		Cell ()
If your address on record has changed, check this box <input type="checkbox"/>				
Fire Department Name:				
Fire Department City/Town:				
Firefighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _____ - _____		Your ID consists of the <u>first (3) letters of your last name</u> and <u>the last four (4) numbers of your social security number.</u> Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
Prerequisite Examination Level				
<input type="checkbox"/> State of Connecticut Rescue Technician CORE				
By my signature, I acknowledge that, per State Regulations, I have 12 months from the date of the Lead Instructor's signature on this application to complete all Certification Examination components required for this Certification.			Applicant Signature _____	

WRITTEN EXAMINATION DATA

Examination Date _____	The Certification Unit <u>must</u> receive applications a minimum of 10 business days prior to the requested examination date. Late applications will not be accepted or processed.
Examination Location _____	
\$35.00 application fee required with application.	
Check (please indicate check # and date)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard # _____ Security Code _____ Card Holder's Name: _____ Card Holder's Signature _____ Expiration Date: _____

DO NOT SEND CASH

By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the examination. I further certify that I have not been convicted of a felony and I understand that intentionally making a false statement on this application will result in revocation of application.

Applicant's Signature _____	Date _____
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Remit completed application and fee to: Commission on Fire Prevention and Control
34 Perimeter Road
Windsor Locks, CT 06096-1069

NAME: _____ FFID#: _____

RESCUE TECHNICIAN – VEHICLE I – NFPA Standard 1006, Chapter 10, Compliance

All objectives of NFPA Standard 1006, Chapter 10, must be addressed by an approved training methodology prior to acceptance into the certification testing process.

Practical Skills Evaluation Sheets

Each candidate for Rescue Technician – Vehicle Certification must be provided with, exposed to, and evaluated using the skills sheets for Rescue Technician Vehicle. The Candidate’s initials in this section acknowledge receipt of these skill sheets.

I hereby acknowledge receipt of the Rescue Technician Vehicle I Practical Skill Sheets

Candidate Initials:

Compliance Method 1 - Successful completion of the Connecticut Fire Academy Rescue Technician – Vehicle I training program

Compliance Method 2 - Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Rescue Technician – Vehicle I accredited certification

Compliance Method 3 - Examination Challenge – Director of Certification Approval Required

NOTE: The examination served by this application is designed to examine only the objectives of Chapter 10 of NFPA Standard 1006, 2013 edition.

By signing below, I certify that this candidate graduated from a training program designed to meet or exceed the requirements of NFPA 1006, 2013 edition, *Rescue Technician – Vehicle I*. This candidate has achieved satisfactory scores on all examinations, demonstrated proficiency in all skill evaluations identified for that level by having been observed and evaluated by a certified and qualified Fire Service Instructor in the accomplishment of these skills, per *Regulations of Connecticut State Agencies*, Section 7-323I. I have reviewed all training records and Position Task Books indicating dates and times of training and verified that this candidate is prepared for the certification process.

Lead Instructor Printed Name	Telephone Number
Lead Instructor Signature	Date