



Department of Emergency Services and Public Protection  
COMMISSION ON FIRE PREVENTION AND CONTROL

**DRIVER OPERATOR - PUMP  
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 ( )
Fire Department Name:				
Fire Department City/Town:				
Fire Fighter (Check One): Career <input type="checkbox"/> Volunteer <input type="checkbox"/>			Email Address:	
ID Number _____ - _____		Your ID consists of the first (3) letters of your last name and the last four (4) numbers of your social security number. Example: John Adams – SS # 000-00-5555 The new ID # will be ADA-5555		
<b>Prerequisite Certification Level – Check to indicate compliance with the certification prerequisite</b>				
Check one <input type="checkbox"/> State of Connecticut Certified Fire Fighter I <b>OR</b> <input type="checkbox"/> Active member of a fire department with continuous service on or before July 1, 1977. Verification must be attached.				

**License Data**

Motor Vehicle License Number	Q Endorsement <input type="checkbox"/> CDL <input type="checkbox"/>	Expiration Date	Candidate Initials	Copy Attached <input type="checkbox"/>	Instructor Initials
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**A Legible copy of the appropriate motor vehicle driver's license (CDL or CT license with Q endorsement) MUST be attached to this application.**

**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. <b>Late applications will not be accepted or processed.</b>
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 understand that intentionally making a false statement on this application will result in revocation of certification.

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#: \_\_\_\_\_

**DRIVER OPERATOR - PUMP – NFPA Standard 1002 Compliance**

All objectives of NFPA Standard 1002, 2017 Edition, Chapter 4 and 5, “Apparatus Equipped with a Fire Pump”, must be addressed by an approved training methodology prior to acceptance into the certification testing process. Check off below the methodology utilized for this examination application:

**Practical Skills Evaluation Sheets**

Each candidate for Driver Operator-Pump Certification must be provided with, exposed to, and evaluated on all Driver Operator-Pump Practical Skills Evaluation Sheets in preparation for Certification Testing. The Candidate’s initials in this section acknowledge receipt of a copy of all Driver Operator-Pump Skills Evaluation Sheets.

<b>I hereby acknowledge receipt of the Driver Operator-Pump Practical Skills Evaluation Sheets</b>	<b>Candidate Initials:</b>
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- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>Compliance Method 1</b> - Successful completion of the Connecticut Fire Academy Driver Operator – Pump training program  |
| <input type="checkbox"/> | <b>Compliance Method 2</b> – Proof of National Board on Fire Service Professional Qualifications, Inc. or International Fire Service Accreditation Congress Driver Operator – Pump accredited certification |
| <input type="checkbox"/> | <b>Compliance Method 3</b> – Examination Challenge – Director of Certification approval required  |

**Driver Operator - Pump - Practical Skills Compliance**

All psychomotor objectives of NFPA Standard 1002, 2017 Chapter 5, “Apparatus Equipped with a Fire Pump”, must be successfully completed as the result of in-class activities and/or assignments or as the result of stand-alone assignments. Methodology utilized for compliance must be evaluated by other than the subject instructor. The date of successful completion and evaluator initials must be entered for all Skill Sheets below.

All objectives of NFPA Standard 1002, 2017 Edition, Chapter 4, “General Requirements” must be addresses by possession of an appropriate, legal, motor vehicle operator’s license prior to acceptance into the certification testing process.

**Practical Skills**

SS Number	Skill Sheet Title	Date of Completion	Evaluator Initials	Certification Only
P.O.1	Preventive Maintenance			
P.O.2A	Produce Effective Streams – Internal Tank			
P.O.2B	Produce Effective Streams – Pressurized Source			
P.O.2C	Produce Effective Streams – Static Source			
P.O.2D	Produce Effective Streams – Transfer from Internal Tank to External Source			
P.O.3	Relay Pumping			
P.O.4	Foam Fire Streams			
P.O.5	Supply Water to Fire Sprinkler and Standpipe Systems			

By signing below, I certify that this candidate is a graduate of a training program designed to meet or exceed the requirements of NFPA 1002, Chapter 5, 2017 edition. 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 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