



State of Vermont
Vermont Fire Academy
FIREFIGHTER I and II CHALLENGE EXAMINATION APPLICATION

Please PRINT all information legibly as it will appear on your permanent records. This entire application must be completed by **both** the challenger & current fire chief prior to submission. All challenge candidates must understand that there is only one (1) attempt at the written exam (passing score is 70) and 2 attempts at each skills station. If not successful, the candidate must take the Firefighter I course in its entirety to achieve certification.

Personal Information		
First Name:	Middle Initial:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Work Phone:	Other Phone:
E-Mail:		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Student ID Number: _ _ _ - _ _ _ _	The Student ID consists of your initials and the last 4 digits of your social security number. (ABC-1234)	
Agency Information		
Department/Agency Name:		
Rank/Position:	<input type="checkbox"/> Permanent <input type="checkbox"/> Call <input type="checkbox"/> Volunteer	
Agency Mailing Address:		
City:	State:	Zip Code:
Agency Phone:		
Examination Requested: <input type="checkbox"/> Fire Fighter I <input type="checkbox"/> Fire Fighter II		
The following documents must be submitted for all Fire Fighter I Challenges: <input type="checkbox"/> Valid Adult & Child CPR/AED/1 st Aid Card <input type="checkbox"/> Hazardous Materials Operations Certificate <input type="checkbox"/> Highway Safety, Proof of Completion <input type="checkbox"/> Wildland Firefighter (9 hrs), Proof of Completion <input type="checkbox"/> ICS 100 Certificate	The following documents must be submitted for all Fire Fighter II Challenges: <input type="checkbox"/> Valid Adult & Child CPR/AED Card <input type="checkbox"/> Fire Fighter I Certificate <input type="checkbox"/> Hazardous Materials Operations Certificate <input type="checkbox"/> ICS 200 Certificate	
Exam Date Requested:	Exam Location: Vermont Fire Academy – Pittsford	
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 challenge examination. I understand that intentionally making a false statement on this application is a crime. The holder of any certification obtained in such a manner, through fraud or misrepresentation of material fact, will be subject to decertification per Section 6 of the VERMONT FIRE SERVICE TRAINING COUNCIL RULES AND POLICIES, Effective January 1, 2007.		
Applicant Signature:		Date:
Chief Signature:	Chief Name Printed:	Date:

Submit completed application and required documentation to:

Vermont Fire Academy
 93 Davison Drive, Pittsford, VT 05763

State of Vermont
Department of Public Safety – Division of Fire Safety
Vermont Fire Academy

FIREFIGHTER I CERTIFICATION LIVE FIRE SUPPRESSION VERIFICATION FORM
National Fire Protection Association, Standard 1001, 2013 Edition

This is to attest that:

Name of Candidate:	Student ID Number: _ _ _ - _ _ _ _
Name of Department:	

Has successfully completed the following Live Fire suppression Evolution (either in actual suppression activities or during formal training conducted in accordance with the applicable portions of NFPA Standard 1403, Standard on Live Fire Training Evolutions, 2012 edition). Completion of the evolution shall have addressed all requirements of the NFPA 1001 Standard Chapter 5, Firefighter I, 2013 Edition.

Requirement Completed	Job Performance Requirement	Date Completed
5.3.10	Interior Structural Fire Attack	
5.3.7	Passenger Vehicle Fire Attack	
5.3.8	Exterior Class A Fire Attack	
5.3.9	Search & Rescue	
5.3.16	Portable Fire Extinguisher Suppression	
5.3.19	Ground Cover Fire Attack	

By my signature above, I certify that the above information is true and correct to the best of my knowledge. I understand that intentionally making a false statement on this application is a crime. The holder of any certification obtained in such a manner, through fraud or misrepresentation of material fact, will be subject to decertification per Section 6 of the VERMONT FIRE SERVICE TRAINING COUNCIL RULES AND POLICIES, Effective January 1, 2007.

This form is **NOT** valid without the signature of the Chief of the Department below:

Chief of Department

Print Chief's Name:	Chief's Signature:	Date:
Department Name:		
Address:		
City/Town:	State:	Zip Code:

State of Vermont
Department of Public Safety – Division of Fire Safety
Vermont Fire Academy

FIREFIGHTER II CERTIFICATION LIVE FIRE SUPPRESSION VERIFICATION FORM
National Fire Protection Association, Standard 1001, 2013 Edition

This is to attest that:

Name of Candidate:	Student ID Number: _ _ _ - _ _ _ _
Name of Department:	

Has successfully completed the following Live Fire suppression Evolution (either in actual suppression activities or during formal training conducted in accordance with the applicable portions of NFPA Standard 1403, Standard on Live Fire Training Evolutions, 2012 edition). Completion of the evolution shall have addressed all requirements of the NFPA 1001 Standard Chapter 5, Firefighter I, 2013 Edition.

Requirement Completed	Job Performance Requirement	Date Completed
6.3.2	Coordination of an Interior Fire Attack	
And has completed one or more of the following live fire suppression evolutions:		
6.3.1	Ignitable Liquid Fire Extinguishment with Foam	
6.3.3	Flammable Gas Cylinder Fire Control	

By my signature above, I certify that the above information is true and correct to the best of my knowledge. I understand that intentionally making a false statement on this application is a crime. The holder of any certification obtained in such a manner, through fraud or misrepresentation of material fact, will be subject to decertification per Section 6 of the VERMONT FIRE SERVICE TRAINING COUNCIL RULES AND POLICIES, Effective January 1, 2007.

This form is **NOT** valid without the signature of the Chief of the Department below:

Chief of Department

Print Chief's Name:	Chief's Signature:	Date:
Department Name:		
Address:		
City/Town:	State:	Zip Code: