

FIREFIGHTER I & II

Certification Application Form



<p>1. SSN Number: _____</p> <p>State DFSID Number: _____ <i>(If previously issued – e.g., 111111)</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephones: Home: (H) _____</p> <p>Work and/or Cell: (W) _____ (C) _____</p> <p>Personal Email: _____</p> <p>Fire Dept. Name: _____</p> <p>Date of Birth: _____</p> <p>Gender/Race: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: <input style="width: 50px; height: 20px;" type="text"/></p> <p style="text-align: center;"><i>(Use Codes on 2nd Page)</i></p>	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold;">For Official Use Only</div> <p>DFSID: <input style="width: 100%; height: 40px; border: 2px solid black;" type="text"/></p> <p>Received: _____</p> <p>Returned: _____</p> <p>Received 2: _____</p> <p>Date Issued: _____</p> <p>By: _____</p>
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2. **Certification Requirements - Firefighter I & II** Please check the "box" corresponding to the Firefighter level to be issued.

Firefighter I:

- A: Be at least 18 years of age.
- B: Successfully complete the NJ adopted Firefighter I, Hazardous Materials: Awareness and Hazardous Materials: Operations instructional programs.
- C: Pass the Firefighter I, Hazardous Materials: Awareness and Hazardous Materials: Operations State exams that evaluate the Job Performance Requirements (JPR's) and components of requisite knowledge and skills contained in the most current edition of the adopted NFPA 1001 and NFPA 472 standards.

Firefighter II:

- A: Be at least 18 years of age.
- B: Possess a NJ Firefighter I, Hazardous Materials: Awareness and Hazardous Materials: Operations certifications issued by the NJ Division of Fire Safety.
- C: Successfully complete the NJ adopted Firefighter II instructional program.
- D: Pass the Firefighter II State exams that evaluate the Job Performance Requirements (JPR's) and components of requisite knowledge and skills contained in the most current edition of the adopted NFPA 1001 standard.

Request for Equivalency Determination:

The equivalency determination is intended to be applied to out-of-state instructional programs accredited by ProBoard or IFSAC, or applied to a program of instruction deemed "equivalent" to the State adopted instructional program and which meets the current associated NFPA 1001 standard JPR's at time of application submittal. The program submitted for review should be consistent with the New Jersey adopted program instructional objectives and hours associated with its delivery.

Submittal Instructions: Please provide the following documentation with your application: 1) Photocopy of your birth certificate or driver's license; 2) Instructional program completion certificates; 3) State issued certifications required for meeting prerequisite and credentialing criteria; 4) Proof that you successfully passed the State final exams associated with the firefighter certification level requested. Please note that certification will not be issued unless documentation has been received and validated.

3. I do hereby certify that the documentation submitted with this application is accurate and is true. I am aware that if any of the documentation is willfully false, I am subject to punishment.

Applicant's Signature: _____ Date: _____

Firefighter I and II Application Form Instructions

Please type or print clearly on the application form.
Certification will not be issued unless documentation is received and validated.

Section

1. Enter your Social Security Number (SSN) and six digit Division of Fire Safety Identification Number (DFSID) if previously issued to you. The collection of the SSN is **mandatory**, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification.

Provide your name, home address, telephone numbers and email address. In addition, please provide your fire department name, date of birth, gender, and race. *Note: Please do not use your fire department address as your home address.*

Please use the following code numbers to indicate your race/national origin which best applies to your ancestral heritage. (**Providing this information is voluntary.**)

<u>Code</u>	<u>Description</u>
01	American Indian or Alaskan Native
02	Asian or Pacific Islander
03	Black, not of Hispanic origin
04	White, not of Hispanic origin
05	Hispanic

2. Certification Requirements - Firefighter I and II

Firefighter I:

- A: Be at least 18 years of age.
- B: Successfully complete the NJ adopted Firefighter I, Hazardous Materials: Awareness and Hazardous Materials: Operations instructional programs.
- C: Pass the Firefighter I, Hazardous Materials: Awareness and Hazardous Materials: Operations State exams that evaluate the Job Performance Requirements (JPR's) and components of requisite knowledge and skills contained in the most current edition of the adopted NFPA 1001 and NFPA 472 standards.

Firefighter II:

- A: Be at least 18 years of age.
- B: Possess a NJ Firefighter I, Hazardous Materials: Awareness and Hazardous Materials: Operations certifications issued by the NJ Division of Fire Safety.
- C: Successfully complete the NJ adopted Firefighter II instructional program.
- D: Pass the Firefighter II State exams that evaluate the Job Performance Requirements (JPR's) and components of requisite knowledge and skills contained in the most current edition of the adopted NFPA 1001 standard.

Request for Equivalency Determination: The equivalency determination is intended to be applied to out-of-state instructional programs accredited by ProBoard or IFSAC, or applied to a program of instruction deemed "equivalent" to the State adopted instructional program and which meets the current associated NFPA 1001 standard JPR's at time of application submittal. The program submitted for review should be consistent with the New Jersey adopted program instructional objectives and hours associated with its delivery.

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3. The application form must be signed and dated.

Forward the application form and supportive documentation to:

**Attn: Firefighter Certification
Office of Training and Certification
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809**

Office Staff Contact Information

Questions about Firefighter certification requirements and procedures should be directed to the staff of the Office of Training and Certification at **(609) 777-3552** from 8:30 a.m. to 4:00 p.m., Monday through Friday.