



State Fire Marshal – Training Division

Application for Certification Testing

PLEASE FILL OUT FORM COMPLETELY & LEGIBLY



First Name: _____ Middle Initial: _____ Last Name: _____ DOB: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone #: _____ E-Mail: _____

Department/Organization: _____ Applicant Signature: _____

I hereby formally submit an application to become a candidate for certification level(s) indicated below per the policy and procedures of the State Fire Marshal-Training Division. I understand the sequence for the testing and I also understand that all PSE tests must be successfully completed before I qualify for the Written Examination and my name must appear on an eligibility list before I will be permitted to enter any certification test site.

Level	Check all that apply	Cost	Type of Payment CH, MO, OP, INV	Details of Payment CH#, MO #, OP # or which department to invoice	Date of IFA (FFI)/Practical Skills Exam	Date of Written Exam	Location of Test
Hazmat Operations		\$50					
Fire Fighter I (1:see below)		\$50					
Fire Fighter II		\$50					
Instructor I		\$50					
Hazmat Technician		\$50					
Fire Officer I		\$50					
Fire Officer II		\$50					
ADO-Pumper		\$50					
Total Due							

#CH - Check MO # - Money Order OP- Online Payment INV - Invoice

MAIL THIS FORM TO: State Fire Marshal Training Division, 3347 W Capital Avenue, Grand Island, NE 68803 or you can e-mail the form if you have paid online or having a department pay to corina.kuta@nebraska.gov

By signing, the Fire Chief, Administrator or Designate has verified that the following requirements have been met and that fire department records exist to support that of the individual applying for certification shall/will have:

- The pre-requisite first aid training required for Fire Fighter I training and subsequent certification.**
- Facilities (if hosting) and equipment/apparatus/supplies used for training/certification that meet or did meet at the time of purchase/ construction/ or implementation, any applicable federal, state or local laws, standards, regulations, statutes, or ordinances. Signing also validates that you acknowledge that SFMTD reserves the right to inspect and validate any such utilized items for testing.

Printed Name

Signature of Chief, Administrator or Designate

Title

Date

Please indicate the department payment choice: (Check) Student Self Pay Invoice Department
Please indicate how you would like to receive your invoice: (Check) Mail E-mail

Valid Billing Address/ Email: _____

City State Zip Code

Authorized Signature (Chief, Administrator or Designate) for Invoice

Attempt: 1	2	3	Candidate Paid:	Bill Dept:
IFA-PSE:			PSE:	Written Exam:
NE Cert #:			IFSAC Cert #:	NPQS Cert #:

Internal
Use Only

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