

Utah Fire Service Certification Council CERTIFICATION / RECERTIFICATION REQUEST

Department Information

The following department/participating agency requests that the Utah Fire Service Certification Council certify / recertify the individuals listed on this form.

Department / Agency Name: _____ Date: _____

Certification or Recertification

(Place an "X" in the box that applies) Certification Recertification

Required Documentation and Signatures

For **CERTIFICATION**, the chief or administrator of the organization shall attest and sign for the conditions listed.

By my signature below, I certify that department records exist to support each individual listed on this form:

1. Received a learning experience in each subject area required for certification.
2. Successfully passed the state certification written exam for the level of certification being requested.
3. Successfully passed the in-house comprehensive skills exam as described in the certification standard (where applicable).
4. Successfully passed the state certification skills exam for the level of certification being requested (where applicable).
5. Has met all other requirements for the level being examined as specified in the certification standard.
6. Is a member and in good standing with the department or organization.
7. Has not been convicted of a felony, capital crime, or a felony plea-bargained down to a misdemeanor.

For **RECERTIFICATION**, the chief or administrator of the organization shall attest and sign for the conditions listed.

By my signature below, I certify that department records exist to support each individual listed on this form:

1. Remained active and in good standing with the department or organization for the past three years.
2. Successfully maintained all skills required for the levels of certification held.
3. Successfully completed a minimum of 36 hours of training each year or a total of 108 hours of training within the past three years.
4. Has met all other requirements for the recertification of levels requested as specified in the UFSCS Policies and Procedures.

If completing this form electronically, check box to acknowledge you agree and comply with the statements above. This will serve as your signature.

Chief / Administrator / Training Officer Signature

Chief / Administrator Name (typed or printed)

Training Officer Name (typed or printed)

Department / Agency Mailing Address

Chief / Training Officer Daytime Telephone #

City State ZIP Chief / Training Officer Email Address

**Please sign and return to:
Utah Fire Service Certification Council
C/O Utah Fire and Rescue Academy
3131 Mike Jense Parkway Provo UT 84601
Email: UFRACertification@uvu.edu
Phone Toll Free: 801-863-7709**

**Utah Fire Service Certification Council
CERTIFICATION / RECERTIFICATION REQUEST**

Department / Agency Name _____

Date _____

Complete ALL fields requested. For recertification, enter "RECERT" in the Level Requested field.

Applicant's Full Name	Social Sec # (last four digits)	Date of Birth (mm/dd/yyyy)	Level Requested
1.		___/___/_____	
2.		___/___/_____	
3.		___/___/_____	
4.		___/___/_____	
5.		___/___/_____	
6.		___/___/_____	
7.		___/___/_____	
8.		___/___/_____	
9.		___/___/_____	
10.		___/___/_____	
11.		___/___/_____	
12.		___/___/_____	
13.		___/___/_____	
14.		___/___/_____	
15.		___/___/_____	
16.		___/___/_____	
17.		___/___/_____	
18.		___/___/_____	
19.		___/___/_____	
20.		___/___/_____	
21.		___/___/_____	
22.		___/___/_____	