

Utah Fire Service Certification Council EXAMINATION REQUEST

Department / Agency Name: _____ Date: _____

This exam is in conjunction with a UFRA offered course. No Yes Provide UFRA course ID #: _____

- Complete **all** information on **both** pages of this form.
- **Submit to the certification office AT LEAST 30 DAYS PRIOR to the requested examination date.**
- A separate request **MUST** be made for each level of certification exam desired and for each exam date.

EXAM TYPE (Place an "X" in the boxes that apply)

Certification exam level requested: _____

* If a Department Tester administers their own department's written exam, the written and skills exams may be scheduled on different days.

<input type="checkbox"/> WRITTEN	<input type="checkbox"/> 1 ST ATTEMPT	<input type="checkbox"/> 2 ND ATTEMPT	<input type="checkbox"/> 3 RD ATTEMPT	_____	_____
				Exam Date	Exam Time
				*Please allow 2 hours for each written exam	
<input type="checkbox"/> SKILLS	<input type="checkbox"/> 1 ST ATTEMPT	<input type="checkbox"/> 2 ND ATTEMPT	<input type="checkbox"/> 3 RD ATTEMPT	_____	_____
				Exam Date	Exam Time

Number of persons taking **WRITTEN** Exam _____

Number of persons taking **SKILLS** Exam _____

EXAM LOCATION

Examination requested to be conducted at (location): _____

Street Address: _____ City: _____ ZIP: _____

AUTHORIZATION

By signing below, I acknowledge that each candidate is currently affiliated with an agency approved by the UFSCC. I also acknowledge that completed training records exist for each candidate testing. The record states that each candidate testing has received a learning experience in each subject area required for testing and has met all other requirements as specified in the Certification Policies and Procedures. For skills testing to occur, the completed training record(s) **must** be presented at the test site.

I acknowledge that an approved **Safety Officer(s)** will be assigned and provided by the AHJ.

Safety Officers must be certified or qualified at the level of the skills examination.

Department / Agency requesting the above exam(s) will have appropriate space, safe accommodations, and all equipment / props as required for testing.

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

Chief / Administrator Signature _____

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 _____

ACCOMMODATION

If a candidate needs reasonable accommodation for a learning disability or other condition affecting the candidate's ability to complete the written examination, accommodation can be made. Please contact the certification office for assistance.

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If using an authorized department tester for the written exam, complete the following information.

Tester

Title

Tester #

List the names and departments of participants who will be taking the examination.

Candidate Name(s)	Department / Agency
1.	
2.	
3.	
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11.	
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**Submit Request 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**