

# Utah Fire Service Certification Council LIVE FIRE EXAMINATION REQUEST

Department / Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Complete all information on **both** pages of this form and submit to the certification office **AT LEAST 30 DAYS PRIOR to the requested examination date.**
- Incomplete request forms will not be processed.

## LIVE FIRE EXAM INFORMATION

\_\_\_\_\_  1<sup>st</sup> / 2<sup>nd</sup> ATTEMPT  3<sup>RD</sup> ATTEMPT \_\_\_\_\_ | \_\_\_\_\_  
# Test Candidates Exam Date Exam Time

## EXAM LOCATION

Examination requested to be conducted at (location): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Please Select One

- This Live Fire exam will be in conjunction with a UFRA delivered course and will use UFRA Live Fire Instructors to run the burn structure.
- This Live Fire exam is NOT in conjunction with a UFRA delivered course and we will be using our own NFPA 1403 approved burn structure and our own instructors to run the burn structure.
- This Live Fire exam is NOT in conjunction with a UFRA delivered course and we will be using an NFPA 1403 approved burn structure but will need UFRA Live Fire Instructors to run the burn structure.
- This Live Fire exam is NOT in conjunction with a UFRA delivered course and we are REQUESTING a UFRA Live Fire prop for this exam and UFRA Live Fire Instructors to run the burn structure. (Please note that selecting this option may delay your test date until a UFRA prop is available.)

## AUTHORIZATION

- By checking this box I certify that I understand all candidates listed on this form **MUST** have completed and signed off the bolded/shaded skills on the training portion of the Training Record along with the training and in-house portion for Live Fire Evolution #3 This Training Record must be presented to the Certification Tester on the date of the exam. No Training Record will result in no testing.

By signing below, we acknowledge that training records exist to support that each individual who will attend the exam has received a learning experience in Live Fire for testing and has met all other requirements for the level being examined for as specified in the Certification Policies and Procedures. **Department/Agency requesting the above exam will have appropriate space and safe accommodations and equipment for all skills.**

- 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

# LIVE FIRE EXAMINATION REQUEST

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

Candidate Name(s)	Agency
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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](mailto:UFRACertification@uvu.edu)**  
**Toll Free # 888-548-7816**