

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

_____ ☐ 1st/2nd ATTEMPT ☐ 3RD 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 an approved burn structure following the Utah Live Fire Training Standard 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 approved burn structure following the Utah Live Fire Training Standard, and we 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. Those without a training record will not be allowed to test.

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, as specified in the UFSCS Policies and Procedures. **The department/agency requesting the above exam will have appropriate space, and safe accommodations, and equipment for all skills.**

- ☐ **If completing this form electronically, check this box to acknowledge that 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

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List the name and agency of each candidate who will be taking the examination.

Candidate Name	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 the certification specialist for your area
Website: UVU.edu/UFRA
Phone: 801-863-7709

Rev. 02.11.2025