Utah Fire Service Certification Council REQUEST FOR ONLINE EXAMINATION

KEQUEST FOR	UNLINE EA	AMINATION			
Host Department/Agency Name:		Date:			
 Complete all information on both pages of this form. Electronically submit it to your area certification specialist <u>30+ DAYS prior</u> to the requested examination date. A separate request MUST be made for each level of certification exam desired and for each exam date. 					
Ехам Ту	PE (Check the boxes t	hat apply.)			
Certification exam level requested:					
WRITTEN 1st Attempt 2nd Attempt	3rd Attempt		nber of persons RITTEN exam:		
Written examination will be conducted at (location):					
Address:	City:	County:	ZIP:		
Written:Exam DateSkills:Exam Date	Exam Time				
SKILLS 1st Attempt 2nd Attempt	3rd Attempt		nber of persons SKILLS exam:		
Skills examination will be conducted at (location):					
Address:	City:	County:	ZIP:		
COMPLETE THIS SECTIO	n for Online W	RITTEN EXAMS ONLY			
<i>Fill in the boxes that apply.</i> Computers and internet are provided at the host age	•		Total number		
Tablets may not be available on the exam date above. If so, the Certification specialist will work with vou to schedule the exam. of computers					
Check box if UFRA tablets are needed for this written exam. Total tablets requested?					
Check box if internet/hotspot is needed for this written exam.					
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 record(s) 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.					
The department/agency requesting the above exam(s) will have appropriate space, safe accommodations, and all equipment/props as required for testing.					

Check box to acknowledge that you agree and comply with this statement. This will serve as your signature.

Chief/Administrator Electronic Signature			Training Officer Electronic Signature			
Department/Age	ency Mailing Address		Chief/Training Officer Daytime Phone #			
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 at 801-863-7709.

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List the PID#, email address, name, birthdate, dept ORG#, and department/agency of all the candidates who will be taking the online examination. **PID** and **ORG numbers** can be found at **https://www.uvu.edu/ufra/lookup**/ under "Department List." Leave PID # blank if candidate is not listed. The PID# is UFRA's Personnel Identification Number, unique to each candidate. This number is assigned for recording of test scores.

DU	D.//	Candidate's Full Name			Birthdate ORG		
PII	D # Email	First	Last	Middle	//	#	Department/Agency
1							
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Submit Request to:	Utah Fire Service Certification Council	c/o Utah Fire and Rescue Academy	Address:	3131 Mike Jense Parkway, Provo, UT 84601
Website:	UVU.edu/UFRA/Certification	Phone: 801-863-7709	Email:	The certification specialist for your area (see website)