

# 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 to and sign for the conditions listed.

**By my signature below, I certify that department records exist to support that 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 felony plea-bargained down to a misdemeanor

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

**By my signature below, I certify that department records exist to support that 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 this box to acknowledge that 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 the certification specialist for your area  
Website: UVU.edu/UFRA  
Phone: 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.		___/___/____	