Utah Fire Service Certification Council
EXAMINATION REQUEST

Department/Agency Name:_____ **Date:**_____

- Complete **all** information on **both** pages of this form.
- **Submit to the Certification Office AT LEAST 30 DAYS PRIOR to the requested examination date.**
- **There is NO guarantee that we will be able to accommodate ALL exam requests with large numbers of candidates as it is dependent upon tester to candidate ratio.**
- **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.**

☐ **WRITTEN** ☐ 1ST ATTEMPT ☐ 2ND ATTEMPT ☐ 3RD ATTEMPT _____ _____
Exam Date Exam Time
***Please allow 2 hours for each written exam**

☐ **SKILLS** ☐ 1ST ATTEMPT ☐ 2ND ATTEMPT ☐ 3RD 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: _____

Skills exam 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.

The 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 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 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.

Utah Fire Service Certification Council
EXAMINATION REQUEST

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

_____|_____|_____
Tester Title Tester #

List the candidate's FULL legal name, Date of Birth, PID, and the department of each candidate who will be taking the examination.

Candidate FULL Name	DOB	PID	Department/Agency
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

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