

# 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.**
- 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.

<input type="checkbox"/> WRITTEN	<input type="checkbox"/> 1ST ATTEMPT	<input type="checkbox"/> 2ND ATTEMPT	<input type="checkbox"/> 3RD ATTEMPT	_____	_____
				Exam Date	Exam Time
				<b>*Please allow 2 hours for each written exam.</b>	
<input type="checkbox"/> SKILLS	<input type="checkbox"/> 1ST ATTEMPT	<input type="checkbox"/> 2ND ATTEMPT	<input type="checkbox"/> 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: \_\_\_\_\_

## 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 UFSCS 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 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 Telephone # \_\_\_\_\_

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.

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

\_\_\_\_\_  
Tester Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Tester #

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

Candidate Name	Department/Agency
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
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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](http://UVU.edu/UFRA)**  
**Phone: 801-863-7709**