

Certification Testing Waiver Request

Fee Waiver

Applicant Information

Fire Department: _____

Chief's Name: _____

What is your County Class designation? _____

How many **volunteer** firefighters are affiliated with your department? _____

How many **career** firefighters are affiliated with your department? _____

How many firefighters are certified at Firefighter I? _____

How many firefighters are certified at Firefighter II? _____

Does your organization teach classes? If so, what type of classes? _____

Operating Budget

What is your organization's operating budget (e.g., personnel, maintenance of apparatus, equipment, facilities, utility costs, purchasing expendable items, etc.) dedicated to expenditures for day-to-day activities for the current (at the time of application) fiscal year, as well as for the previous fiscal year?

Current Fiscal Year Operating Budget: _____

Previous Fiscal Year Operating Budget: _____

Statement of Effect on Operations

Explain how having this fee waived will enhance your organization's overall effectiveness. Describe how the waiver award will improve your daily operations and reduce your organization's risk(s). Include how frequently the waiver item(s) will be used and in what capacity. Indicate how the waiver item(s) will help your community and increase your organization's ability to save lives and property.

Please list all those who will be taking an exam. If fields are missing information, this request will be denied.

1st, 2nd, and 3rd attempt amounts will be decided by the Certification Testing Waiver Committee.

First, Middle, & Last Name	Attempt	Specialty Level

By signing below, I acknowledge that each candidate is currently affiliated with an agency approved by the Utah Fire Service Certification Council (UFSCC). I also acknowledge that a completed training record exists 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 records must be presented at the test site.)

Chief’s Signature: _____

Utah Fire Rescue Academy Use Only

Level	Testing Amount Approved

The Utah Fire Rescue Academy Waiver Committee has reviewed this waiver and approves this request.

UFSCC Chair’s Signature

Date

UFRA Director’s Signature

Date

UFRA Deputy Director’s Signature

Date

To submit this form, please email it to the Certification Program Manager, Sarah Head at Sarah.Head@uvu.edu.