

Utah Fire Service Certification Council
REQUEST FOR FRIDAY ONLINE EXAMINATION AT UFRA

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

- Complete **all** information on **both** pages of this form.
- **Electronically submit it to your area certification specialist 15+ 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.
- **Friday Online Exams (at UFRA) will be held the first Friday of the month at 9:00 a.m. Please select the date and we will try to accommodate as requests are received. Seating is limited.**
- **A fee of \$10.00 per exam will be charged for any no show.**

EXAM TYPE (Check the boxes that apply.)

Certification exam level requested: _____

☐ **WRITTEN** ☐ 1st Attempt ☐ 2nd Attempt ☐ 3rd Attempt | Total number of persons taking **WRITTEN** exam _____

WRITTEN EXAM LOCATION

Written online examination will be conducted at UFRA, (3131 Mike Jense Pkwy., Provo, UT).

Date: _____ Time: ☐ 9:00 a.m.

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.

The department/agency requesting the above exam(s) will ensure candidates arrive on time prepared to test. Testing fees will be waived for Friday online testing (at UFRA), except for candidate “no shows”.

☐ **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/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, and note what type of accommodation is requested below:

☐ **Extra time** (time and one half).

☐ **Reader** (**a reader is NOT AVAILABLE on Fridays at UFRA**) Complete a new examination request form.

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FRIDAY ONLINE EXAMINATION REQUEST AT UFRA

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.

	PID #	Email	Candidate's Full Name			Birthdate _/_/____	ORG#	Department/Agency
			First	Last	Middle			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

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)